

## COLLEGE OF HEALTH SCIENCES COURSE SUBSTITUTION FORM

**Faculty advisor:** If you feel that it is appropriate to substitute one course for another course that is a required part of an academic program, you should complete the information below. You, as the faculty member, begin the course substitution process if you feel the substitution is warranted and that the substitution does not jeopardize the intent of the academic program. Please forward this completed form to the Chair's Office. Once the substitution is approved at the Chair's level, the student's academic program requirements will be revised in the Assistant Dean's Office to reflect this change. If you have any questions regarding this process, please contact your Department Chair's Office or the Assistant Dean's Office.

Student's Name: \_\_\_\_\_  
Student Identification Number: \_\_\_\_\_  
Local/Campus Address: \_\_\_\_\_  
Local/Campus Phone: \_\_\_\_\_

### Departmental Major and Concentration (check one)

\* Health, Nutrition, and Exercise Science

<input type="checkbox"/> Applied Nutrition	<input type="checkbox"/> Nutritional Sciences
<input type="checkbox"/> Dietetics	<input type="checkbox"/> Athletic Training
<input type="checkbox"/> Sport Management	<input type="checkbox"/> Health and Physical Education
<input type="checkbox"/> Fitness Management	<input type="checkbox"/> Leisure Service Management
<input type="checkbox"/> Exercise Physiology	<input type="checkbox"/> Biomechanics and Motor Control

\* Nursing

☐ Nursing

\* Medical Technology

☐ Medical Technology

### Course Approval

Required Course:	_____		
	Course Number	Course Title	Credit Hours
Substituted Course:	_____		
	Course Number	Course Title	Credit Hours

Was this substituted course taken at another institution? Yes ☐ No ☐

If yes, name of institution: \_\_\_\_\_

### Signatures

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Department Chair's Signature

CHAIRS: When completed, please forward all copies to Randee Tobin, 343 McDowell Hall, x8073