

**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/Cell Phone: \_\_\_\_\_

**Departmental Major and Concentration (check one)**

- |   |   |
|---|---|
| * Behavioral Health & Nutrition<br>_____ Applied Nutrition<br>_____ Dietetics<br>_____ Nutritional Sciences<br>_____ Health and Physical Education<br>_____ Health Behavior Science | * Kinesiology and Applied Physiology<br>_____ Athletic Training<br>_____ Exercise Science |
| * _____ Nursing   | * _____ 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/Director's Signature

CHAIRS/DIRECTORS:

When completed, please forward all copies to Randee Tobin, 345 McDowell Hall, x8073/2381