



**Course Substitution Request Form for Graduate Degree Programs**

Submit this form to the Office of Graduate and Professional Education at the time the substitution is being requested.

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Major: \_\_\_\_\_

Email: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Required UD Course**

**Substituted Course**

**Semester**

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Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Department)

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Office of Graduate and Professional Education)