

**COLLEGE OF SCIENCES AND MATHEMATICS
AUBURN UNIVERSITY**

STUDENT REQUEST FOR A COURSE SUBSTITUTION

Student's Name _____ Date _____

Student's Local Address _____

Student's Username _____ Class & Curriculum _____

I request that the following course substitution(s) be made in my curriculum:

Dept., No., & Title of Course

Dept., No., & Title of Course

1. _____ in lieu of _____

2. _____ in lieu of _____

3. _____ in lieu of _____

Reason for Substitution(s):

1. _____

2. _____

3. _____

Conditions of Substitution Approval or Date of Expiration:

1. _____

2. _____

3. _____

Signed _____ **Student**

() Approved () Disapproved _____ **Advisor**

() Approved () Disapproved _____ **Dept. Head**

() Approved () Disapproved _____ **Dean**