

IU GRADUATE SCHOOL COURSE SUBSTITUTION FORM

Student _____

University ID # _____

Academic Major _____

Academic Plan _____

Check appropriate line and fill in course numbers:

1) Replaced Course Was: Required Course _____ Elective _____

Course #: _____ Title: _____ Credit Hour(s) _____

Substituting Course Info:

Course #: _____ Title: _____ Credit Hour(s) _____

2) Replaced Course Was: Required Course _____ Elective _____

Course #: _____ Title: _____ Credit Hour(s) _____

Substituting Course Info:

Course #: _____ Title: _____ Credit Hour(s) _____

3) Replaced Course Was: Required Course _____ Elective _____

Course #: _____ Title: _____ Credit Hour(s) _____

Substituting Course Info:

Course #: _____ Title: _____ Credit Hour(s) _____

COMMENTS:

Advisor Signature: _____

Date: _____

Program Director: _____

Date: _____

Approved/Assoc Dean
University Graduate School: _____

Date: _____