COURSE SUBSTITUTION REQUEST FORM

REGISTRAR'S OFFICE



Last Name	ne First Name		Student ID Number	Student ID Number	
ajor/Minor		 Declared Catalog Ye	Declared Catalog Year		
I request that this c	ourse				
Course ID Number	Course Title (please print)			Credit Hours	
This is a 🗖 Tusculum cou	rse Transfer course (Additional do	ocumentation may be required.			
substitute for this	course				
Course ID Number	Course Title (please print)			Credit Hours	
Reason:					
ADVISOR					
☐ Approved ☐ Denied	ADVISOR SIGNATURE		Date		
Comments:				 -	
INSTRUCTOR					
☐ Approved ☐ Denied	INSTRUCTOR SIGNATURE		Date		
Comments:					
ASSISTANT DEAN					
☐ Approved ☐ Denied	ACCICTANT DEAN CICALATURE				
<u> </u>	ASSISTANT DEAN SIGNATURE		Date		
AVPAA (if dean is unavaila	ble)				
☐ Approved ☐ Denied	AVPAA SIGNATURE		 Date		
Comments:					
GENERAL EDUCATION CO	OORDINATOR (if applicable)				
☐ Approved ☐ Denied	GEN-ED COORDINATOR SIGNAT	FI IRE	 Date		
Comments:	GEN-ED COORDINATOR SIGNAL		Date		
		OFFICE USE ONLY			
Date Entered	By (initials) N	otes		Rev: 08/27/202	