ACADEUM SUBSTITUTION REQUEST FORM

REGISTRAR'S OFFICE

TUSCULUM UNIVERSITY ESTABLISHED 1794

Offering Institution | Name of Course/Course Prefix/ Number | Instructor at Offering Institution

Instructor Credentials | Credentials Verified: Yes ☐ No ☐ | Syllabus Reviewed Yes ☐ No ☐

Tusculum University Equivalent Course

Course ID Number | Course Title (please print) | Credit Hours

Reason: _____

Advisor

Advisor Printed Name

❑ Approved ❑ Denied

Advisor Signature | Date

Comments: _____

Instructor of Equivalent Course

Instructor Printed Name

❑ Approved ❑ Denied

Instructor Signature | Date

Comments: _____

Assistant Dean of Equivalent Course

Assistant Dean Printed Name

❑ Approved ❑ Denied

Assistant Dean Signature | Date

Comments: _____

AVPAA

AVPAA Printed Name

❑ Approved ❑ Denied

AVPAA Signature | Date

Comments: _____

GENERAL EDUCATION COORDINATOR (if applicable)

Gen-Ed Coordinator Printed Name

❑ Approved ❑ Denied

Gen-Ed Coordinator Signature | Date

Comments: _____

OFFICE USE ONLY

Date Entered | By (initials) | Notes

Rev: 06/23/25