

# Request for Doctoral Course Substitution

\_\_\_\_\_  
NAME BC ID

\_\_\_\_\_  
STREET, CITY, STATE, ZIP CODE

\_\_\_\_\_  
EMAIL PHONE

I request that my approved doctoral program of study be revised as follows:

\_\_\_\_\_  
CURRENT COURSE NAME & NUMBER SUBSTITUTE COURSE & NUMBER

\_\_\_\_\_  
CURRENT COURSE NAME & NUMBER SUBSTITUTE COURSE & NUMBER

\_\_\_\_\_  
CURRENT COURSE NAME & NUMBER SUBSTITUTE COURSE & NUMBER

\_\_\_\_\_  
STUDENT SIGNATURE DATE

## Recommendations

Approve  Disapprove \_\_\_\_\_  
DISSERTATION DIRECTOR DATE

Approve  Disapprove \_\_\_\_\_  
PROGRAM DIRECTOR DATE

Approve  Disapprove \_\_\_\_\_  
DEPARTMENT CHAIR DIRECTOR DATE

Approve  Disapprove \_\_\_\_\_  
ASSOCIATE DEAN DATE

After final action: original to student file, copies to advisor and student