

Request for Doctoral Course Substitution

NAME

BC ID

STREET, CITY, STATE, ZIP CODE

DATE OF MATRICULATION

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

Please attach rationale for each course substitution request.

STUDENT SIGNATURE

DATE

RECOMMENDATIONS

APPROVE DISAPPROVE _____
ADVISOR DATE

APPROVE DISAPPROVE _____
PROGRAM DIRECTOR / COORDINATOR (IF APPLICABLE) DATE

APPROVE DISAPPROVE _____
DEPARTMENT CHAIR DATE

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