

# Request for Doctoral Course Substitution

**NOTE:** *Submit a copy of signed Program of Study along with this form*

NAME

BC ID

STREET, CITY, ZIP CODE

DATE OF MATRICULATION

EMAIL

PHONE

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

CURRENT COURSE AND NUMBER

SUBSTITUTE COURSE AND NUMBER

CURRENT COURSE AND NUMBER

SUBSTITUTE COURSE AND NUMBER

CURRENT COURSE AND NUMBER

SUBSTITUTE COURSE AND 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