

Richard W. Riley College of Education
Winthrop University

UNDERGRADUATE COURSE SUBSTITUTION FORM

Purpose: This form is used when requesting the substitution of one course for another required course in order to fill a prerequisite for graduation.

Student Name _____

Current Phone _____

Student Number _____

Degree/Major _____

Student E-mail _____

Advisor _____

Based on the requirements of the _____ Catalog, I am requesting that:

(Requested Course Title and Number)

substitute for _____

(Required Course Title and Number)

Rationale (REQUIRED):

Student Signature _____ Date _____

Advisor Recommendation: _____ Yes _____ No

Advisor Signature _____ Date _____

Department Chair Recommendation: _____ Yes _____ No

Department Chair Signature _____ Date _____

**AFTER OBTAINING ADVISOR AND DEPARTMENT CHAIR SIGNATURES,
SUBMIT THIS FORM TO: STUDENT ACADEMIC SERVICES, 144 WITHERS**

Student Academic Services Approval: _____ Approved _____ Not Approved

SAS Signature _____ Date _____