

COURSE SUBSTITUTION FORM
SCHOOL OF EDUCATION UNIVERSITY OF
DELAWARE

This form must be signed by the faculty advisor **prior** to taking the substitution course.
Deadlines for submitting to CGSE: Spring (Nov. 1), Summer (March 26), Fall (April 14).

(Please Print)

STUDENT NAME (Last, First, Middle)

DATE

STUDENT ID

ACADEMIC PROGRAM

DATE

PERMISSION IS HEREBY REQUESTED FOR SUBSTITUTION OF
THE FOLLOWING COURSE REQUIREMENT:

COURSE NUMBER

COURSE TITLE

CREDIT HOURS

CREDIT IS TO BE MADE UP BY:

(Enter specific course or indicate that credit is to be satisfied by elective course)

Term you plan to take this course:

COURSE NUMBER

COURSE TITLE

CREDIT HOURS

Is this a required/Core course for you academic program?

YES

NO

If yes, why are you requesting this course substitution?

APPROVED: _____
(ADVISOR)

DATE

APPROVED: _____
(CHAIR, CGSE)

DATE

APPROVED: _____
(SCHOOL OF EDUCATION)

DATE