

Major/Minor Substitution Approval Form

Name: _____ ID #: _____

Major: _____ B.A. or B.S.(circle one)

Minor: _____ Emphasis: _____

Required Course	Substitute Course No. and Title of Course	Institution

Advisor Signature: _____ **Date:** _____

Department Chair Signature: _____ **Date:** _____

Please return completed form to the Registrar's office.