

Degree Plan Substitution
For Undergraduate Studies
Substitutions for core requirements must be approved by Undergraduate Studies

STUDENT ID: _____ NAME (PRINT): _____, _____
LASTFIRSTMI

Phone number: _____ TWU E-mail: _____

Degree: _____ Major: _____ Concentration: _____

Start date: _____ Anticipated Graduation Date: _____

Course to be used: _____ Term Taken: _____

Will replace course: _____ Reason for Substitution: _____

Course to be used: _____ Term Taken: _____

Will replace course: _____ Reason for Substitution: _____

Course to be used: _____ Term Taken: _____

Will replace course: _____ Reason for Substitution: _____

Course to be used: _____ Term Taken: _____

Will replace course: _____ Reason for Substitution: _____

Course to be used: _____ Term Taken: _____

Will replace course: _____ Reason for Substitution: _____

Waive courses: _____

Reason for waiver: _____

Department: _____ Date: _____

Requested by: _____ Signature: _____
Please print