Doc Type: SUB
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Texas Woman's University
Office of the Registrar

Graduate Degree Plan Substitution

STUDENT ID: _____ NAME (PRINT):_____, _____
LAST FIRST MI

Phone number: _____ TWU E-mail: _____

Degree: _____ Major: _____Track / Emphasis: _____

☐ Doctoral ☐ Masters ☐ Certificate

Course Substitutions

Replace course: _____**With course:** _____Hours: _____ Term Taken: _____

Replace course: _____**With course:** _____Hours: _____ Term Taken: _____

Replace course: _____**With course:** _____Hours: _____ Term Taken: _____

Replace course: _____**With course:** _____Hours: _____ Term Taken: _____

Degree Requirement Waivers

Waive course(s): _____

_____

Additional Electives Options

Add Elective course(s): _____

_____

Department: _____ Date: _____

Requested by: _____ Signature: _____
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