

Degree Plan Substitution

For Undergraduate Studies

Substitutions for core requirements must be approved by Undergraduate Studies

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

Phone number: _____ TWU E-mail: _____

Degree: _____ Major: _____ Concentration: _____

Start date: _____ Anticipated Graduation Date: _____

Replace Course: _____ **With course:** _____ **Hours:** _____

Term taken: _____ Prerequisite to other courses: Y / N (If yes, complete part B)

Reason for Substitution: _____

Replace Course: _____ **With course:** _____ **Hours:** _____

Term taken: _____ Prerequisite to other courses: Y / N (If yes, complete part B)

Reason for Substitution: _____

Replace Course: _____ **With course:** _____ **Hours:** _____

Term taken: _____ Prerequisite to other courses: Y / N (If yes, complete part B)

Reason for Substitution: _____

Replace Course: _____ **With course:** _____ **Hours:** _____

Term taken: _____ Prerequisite to other courses: Y / N (If yes, complete part B)

Reason for Substitution: _____

Waive courses: _____

Reason for waiver: _____

Department: _____ Date: _____

Requested by: _____ Signature: _____
Please print

Undergraduate Degree Plan Substitution

Part B

STUDENT ID: _____

NAME: _____, _____
LAST FIRST MI

Pre-requisite course: _____

Courses requiring pre-requisite: _____

Pre-requisite course: _____

Courses requiring pre-requisite: _____

Pre-requisite course: _____

Courses requiring pre-requisite: _____

Pre-requisite course: _____

Courses requiring pre-requisite: _____

Department: _____ Date: _____

Requested by: _____ Signature: _____

Please print