



### Course Substitution Proposal

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Estimated Graduation Date: \_\_\_\_\_

College of \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

<b><u>UMHB Degree Requirement:</u></b>
Department Prefix _____
Course Number _____
Course Title _____

<b><u>Course Substitution:</u></b>
Department Prefix _____
Course Number _____
Course Title _____
Transfer Institution _____

<b>Reason for Substitution:</b> (Please attach to this form a copy of the course description of the substituted course if it is not a UMHB course.)

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Dean

\_\_\_\_\_  
Date

*In situations that the Associate Dean is not applicable, the Dean will sign.*

Completed forms should be sent to the Registrar’s Office, Box 8425  
Please retain a copy of the completed form for your records