Course Substitution Form

PLEASE RETURN THIS FORM TO THE CSA OFFICE.
Contact CSA Office at (276) 944-6105 for questions.

Name: ___________________________  Student ID: ___________________________

Catalog Year: _______________  Major: ________________________________  Contextual & Support Area □

2nd Major/track: ___________________________  Minor: ________________________________

### REQUIRED COURSE

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1. ________________________________________________________________________________

2. ________________________________________________________________________________

3. ________________________________________________________________________________

*PURPOSE: G=GENERAL EDUCATION  M=MAJOR REQUIREMENT  N=MINOR REQUIREMENT  C=CONTEXTUAL & SUPPORT AREA

### REASON FOR SUBSTITUTION:

1. ________________________________________________________________________________

2. ________________________________________________________________________________

3. ________________________________________________________________________________

Student Signature  Date  Advisor Signature  Date

Please sign to indicate approval:

Department Chair Signature  Date  General Education Director Signature**  Date

**Required for CORE courses

REGISTRAR'S OFFICE USE ONLY

RECEIVED  ______________________  PROCESSED  ______________________

SIGNATURE  DATE  SIGNATURE  DATE

Please send original to CSA Office and retain a copy for advising file