COURSE SUBSTITUTION

Important Conditions: Semester:

* This application should be filled out by the Student’s Advisor and approved by the Chairman.
* The credit hours of the new course(s) must be equivalent or more than the credit hours of the old course(s).

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| ID NO | Student’s Name | Major |
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| Old Course (s) | | CR  HR |  | New Course (s) | | CR  HR |
| Code | Title | Code | Title |
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| Total Credit Hours | |  | Total Credit Hours | |  |

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| Justification : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

APPROVED BY

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| Advisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |
| Chairman’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |

OFFICE OF THE REGISTERAR

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| RECEIVED & PROCESSED BY | | |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |