

Department of Art  
**COURSE SUBSTITUTION APPROVAL REQUEST**

Please provide the information requested below. Once completed, return the form to the Art Office. You will be notified by email if the request is approved or not.  
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**PART I: Student Information**

Student: \_\_\_\_\_ Banner ID # 900 \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_  
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**Part II: Course the student has taken (if applicable) or is planning to take:**

The above listed student has enrolled and completed the course listed below.

Course Number: \_\_\_\_\_ Course title: \_\_\_\_\_

Semester taken: \_\_\_\_\_ Year: \_\_\_\_\_  
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**Part III: Substitution Request**

As this student's academic advisor, I am requesting that the course listed in Part II above be approved as a substitution for:

Course Title: \_\_\_\_\_ Course #: \_\_\_\_\_

Rationale for this substitution (please be brief and specific): \_\_\_\_\_  
\_\_\_\_\_

Faculty Advisor Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
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**Part IV: Chair's Response:**



I approve this request for course substitution.



I do not approve this request for course substitution.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Clifton Meador, Art Department Chair  
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Office use only:

Dean's office notified \_\_\_\_\_ Original filed in student file \_\_\_\_\_ processed by \_\_\_\_\_ date \_\_\_\_\_