



## Course Substitution Form

DSU Student ID#: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Semester: \_\_\_\_\_

Year: \_\_\_\_\_

Major: \_\_\_\_\_ Concentration: \_\_\_\_\_

Date of Graduation:     FALL 20\_\_\_\_     SPRING 20\_\_\_\_     SUMMER 20\_\_\_\_

I am approving the following course(s) to be substituted to satisfy the specified required course(s):


\_\_\_\_\_  
Signature of Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department Chairperson

\_\_\_\_\_  
Date