COLORADO SCHOOL OF MINES
UNDERGRADUATE COURSE SUBSTITUTION REQUEST FORM

Student Name: __________________________________________________________

CWID: ___________________________ Date: ________________

Major Dept: ____________________________________________________________

Level (circle one):  Freshman  Sophomore  Junior  Senior

I respectfully request permission to substitute the following course(s) in order to fulfill course and semester hour requirements for graduation. I understand that this is for Degree AUDITING purposes only and will not substitute as a pre-requisite override or for classes listed on a minor form. Pre-requisite overrides will need to be handled with a Registration Action Form.

Reason for Substitution:

________________________________________________________________________

___________________________________________ Date: ________________

Student Signature:

B. Course Completed (dept. and number) _____________________________   _________ (Total Hours)

Has the substituted course been completed?    Yes: _______ Semester/Year: ______________

No: _______ Semester/Year will be completed: ______________

Is this course a transfer course?    ☐ Yes      ☐ No

Department Head of Course “B” Signature____________________________________ Date: ________________

A. Required Course (dept. and number) ______________________________    _________ (Total Hours)

Department Head of Course “A” Signature____________________________________ Date: ________________

Advisor’s signature: ____________________________________________________ Date: ________________

Advisor’s statement: Approval of this course substitution will not cause this student’s degree program to fall short of ABET curricular requirements.

Major Department Head Signature: ________________________________ Date: ________________

Registrar’s Office Signature: ________________________________ Date: ________________

Registrar’s office is acting as representative for Academic Affairs in this procedure.

Entered into Degree Audit System by: ________________________________ Date: ________________

Revised 01/2015