

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: _____

Student Signature: _____ **Date:** _____

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:** _____