COURSE SUBSTITUTION REQUEST

College of Natural Resources and Environment

INCOMPLETE FORMS WILL BE RETURNED WITHOUT APPROVAL.

Name:		Phone	:	
Student ID:		Email:		
Advisor:		Expect	ed Graduation	Date:
Major:		Class:	☐ Freshman	☐ Sophomore
Option:			☐ Junior	☐ Senior
SUBSTITUTE COURSE(S) (Dept.	, Course #, Title)	REQUI	RED COURSE (D	Dept., Course #, Title)
1		1		
2		2		
3		3		
4		4		
5		5		
6		6		
	gnature and proces egree Audit Report	ssing. For ver ing System) ı	ification of tran report on HokeS	saction, student should reques
ou pian to graduate in the next two				
1. Student Signature	Date 2.	Advisor Sign	ature	Date