COURSE SUBSTITUTION FORM

PLEASE PRINT CLEARLY

Student Full Name: ________________________________
AUC ID: _______________________________________
AUC Email: _____________________________________
Telephone/Mobile#: ______________________________

Program: □ Undergraduate  □ Graduate  □ Non-Degree
Major/Minor: ____________________________________

The following is the recommended course substitution:

Required course
Prefix & Number : _______________________________

Course substitution
Prefix & Number : _______________________________

Reason for requesting the course substitution
(continue on page two if needed):
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Guidelines for Course Substitutions

1. Students may request a course substitution for an elective requirement or an infrequently offered course. A course substitution is a course that takes the place of a required course in a curriculum, provided the course substitution meets the content and/or spirit of the requirement. A description of the original course and the course to be substituted and how it meets the content and spirit of the requirement must be attached to the request.
2. While the Office of the Registrar does not initiate course substitutions for the students, it does process substitutions that have been approved by the department and the Academic Dean responsible for the course or curriculum.
3. Complete and approved forms must be received in the Office of the Registrar no later than the filing date for the Application for Graduation. Failure to submit completed forms within this time frame will delay graduation. Therefore, students are encouraged to petition for course substitutions as early as possible and before the start of the semester in which they plan to take the course.
4. The university cannot guarantee that substitutions will be granted for any course. Please plan accordingly.

All course substitutions should be approved before the start of the semester in which the course is to be taken. Students are limited to the number of course substitutions permitted.

Student Signature ___________________________ Date ________________

Printed name of Department Chair of Major/Minor ___________________________ Signature of Department Chair ___________________________ Date ________________

Printed name of Dean of Major/Minor ___________________________ Signature of Dean ___________________________ Date ________________
**Rationale Sheet (continued from page one, if needed)**

**Student Name:**

**AUC ID:**

<table>
<thead>
<tr>
<th>Required course</th>
<th>Course substitution</th>
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<tbody>
<tr>
<td>Prefix &amp; Number</td>
<td>Prefix &amp; Number</td>
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**Reason for requesting the course substitution:**

Please attach the catalog course description for both courses.