COURSE SUBSTITUTION FORM

PLEASE PRINT CLEARLY

Student’s Full Name: ____________________________________________
Semester: _________ Year: _________

AUC ID: _______________________________________________________
AUC Email: ____________________________________________________
Telephone/Mobile#: ____________________________________________

Program: ☐ Undergraduate ☐ Graduate ☐ Non-Degree ☐ Other

Major/Minor: __________________________________________________

The following is the recommended course substitution:

<table>
<thead>
<tr>
<th>Required course name and number &amp; total credits:</th>
<th>Course substitution name and number &amp; total credits:</th>
</tr>
</thead>
<tbody>
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</table>

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’s Signature __________________________ Date ____________

Printed name of Department Chair/Advisor of student’s major __________________________ Signature of Department Chair/Advisor of student’s major __________________________ Date ____________

Printed name of Dean for the student’s major __________________________ Signature of Dean __________________________ Date ____________
Rationale Sheet (continued from page one, if needed)

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Reason for requesting the course substitution:

Please attach the catalog course description for both courses