



CENTRAL MICHIGAN UNIVERSITY

UNDERGRADUATE ACADEMIC SERVICES
WARRINER HALL 123
Phone: (989) 774-3504
Fax: (989) 774-7252

APPLICATION FOR DEGREE SUBSTITUTION
(FOR COURSE REQUIRED ON THE DEGREE)
(NOT to be used for Major/Minor Course Modifications)

A substitution for a course required on a particular degree will be processed when:

- 1. requested by the student
2. approved by the chairperson of the department of the required course
3. certified by the chairperson to Undergraduate Academic Services on this Application for Degree Substitution form

Name: Student ID:
Address: Street City State Zip
Phone Number: Date:
E-mail Address:
Degree (as stated in bulletin): Bulletin Year: -
Title of Major: Title of Minor:

Request Substitution
TO USE: Designator and Number Title Semester Hours
ex: ENG 201
IN PLACE OF: Designator and Number Title Semester Hours
ex: ENG 201
Reason for request of the substitution:

The above requested substitution is approved.
Chairperson (Printed)
Signature of Chairperson Department Date