



# Course Substitution Request

This form is not approved until all signatures have been obtained.

**To be completed by the student:**

**Name:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Degree Level:**  Graduate Certificate  Master's  Specialist  Doctoral

**Program of Study:** \_\_\_\_\_  
(Give the exact title of the program as printed in the *Graduate Bulletin*)

Delete the Following Required Courses	Semester Hours*
<b>Total*</b>	
Add or Substitute the Following Required Courses for the Courses Deleted Above	Semester Hours*
<b>Total*</b>	

\* Total Added or Substituted must Equal the Total Deleted

**Student:** \_\_\_\_\_  
Signature Print Name Date

**Advisor:** \_\_\_\_\_  
Signature Print Name Date

**Department Chair:** \_\_\_\_\_  
Signature Print Name Date

**Department Distribution: Email to CGSIMAGENOW@CMICH.EDU. Copy to Student.**