



### Course Substitution Form

Student Name \_\_\_\_\_ Date \_\_\_\_\_

UIN \_\_\_\_\_ VA Student \_\_\_\_\_

Email \_\_\_\_\_ Catalog Year \_\_\_\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_

Type of Substitution: S = Substitution      TS = Transfer substitution      WC = Waiver

Required Course	Substitution Course	Semester	School	Type Sub

Justification for Substitution(s): *MUST ATTACH COPY OF COURSE DESCRIPTION

Student: \_\_\_\_\_ Date \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_ Date \_\_\_\_\_

School Director: \_\_\_\_\_ Date \_\_\_\_\_

Certification Officer(if applicable): \_\_\_\_\_ Date \_\_\_\_\_

Registrar: \_\_\_\_\_ Date \_\_\_\_\_

Please Return to: Office of the Registrar Killeen, TX 76549 (254) 519-5452

Processed by/Date: \_\_\_\_\_