

To request permission to substitute one BVU course for another BVU course.

### 1. Student Information

Name (print)	First	Middle	Last	Date
BVU ID #	Class		Campus Box #	Daytime phone number
Major(s)	Minor(s) or Concentration(s)		Secondary Certification	

### 2. The course I am required to take is:

Department \_\_\_\_\_ Number \_\_\_\_\_ Course title \_\_\_\_\_ Credit Hours \_\_\_\_\_

Specify the major, minor, or concentration for which this course is required: \_\_\_\_\_

The reason I am unable to take this course: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 3. The course I wish to substitute is:

Department \_\_\_\_\_ Number \_\_\_\_\_ Course title \_\_\_\_\_ Credit Hours \_\_\_\_\_

I request permission to take this course during the year of \_\_\_\_\_ and semester/term indicated below:

Semester:  Fall  Interim  Spring  Summer Pre-Session  Summer 1  Summer 2

### 4. The following signatures are required

1. Student	<b>Recommendation</b>	Date
2. Advisor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date
3. Dean of School	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date

### Return to the Registrar's Office

4. Academic Dean/Associate Dean \_\_\_\_\_  Approved  Denied \_\_\_\_\_ Date \_\_\_\_\_

### Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Return this form to the Registrar's Office