



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

1.

Name (print)				Date
First	Middle	Last		
Student ID#	Class	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:	<input type="checkbox"/> Fall	<input type="checkbox"/> Interim	<input type="checkbox"/> Spring
	<input type="checkbox"/> Summer Pre-Session	<input type="checkbox"/> Summer 1	<input type="checkbox"/> Summer 2

4. The following signatures are required:

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

Return to the Registrar's Office

4. Academic Dean/Associate Dean _____ **Approved** **Denied** _____ Date

Comments:
