

# Approved Substitution, Area of Concentration

# BACHELOR OF SPECIALIZED STUDIES

Student's Name

Student's PID Number

Telephone Number

E-Mail Address

Date Forwarded to UNC

Date Received in UNC

NEW COURSE TITLE	DEPT. & COURSE #	Credit Hours	OLD COURSE TITLE	DEPT. & COURSE #	Credit Hours	REASON FOR SUBSTITUTION

Signature of Student

Signature of Approving Advisor

6/12/06

Initials, Records Manager

Date