

Approved Substitution, Area of Concentration

BACHELOR OF SPECIALIZED STUDIES

Student's Name

Student's PID Number

Telephone Number

E-Mail Address

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

Signature of Student

Date

Signature of Approving Advisor

Date

Initials, Records Manager

Date