

**Undergraduate Course Substitution Form**

**Richard W. Riley College of Education  
Winthrop University**

Please return completed form to  
Student Academic Services  
located in 144 Withers.

**Purpose:** To be used when a student wants to substitute a course for a required course.

**Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

Student Identification Number \_\_\_\_\_ Degree/Major \_\_\_\_\_

Based on the requirements of the \_\_\_\_\_ - \_\_\_\_\_ Catalog, I request that:

\_\_\_\_\_ (Course Designation Number and Title)

substitute for \_\_\_\_\_ (Course Designation Number and Title)

**Rationale:**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Advisor Recommendation:** \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Department Chair Recommendation:** \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Action Taken:** \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

\_\_\_\_\_ Date  
**Dean, College of Education**