

Course Substitution Approval Form

Last Name: _____ First Name: _____ Date: _____

Prospective student Current student Major: _____

The following substitution, waiver, or change is hereby approved in the student's stated program. The course description must be provided for courses not taken at OWU. **Requests will not be considered if the course description is not provided.**

Required:	Approved to change to: (course # and name)	Institution:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for Course Substitution: _____

Two signatures constitute approval – Advisor and Dean of student's major. Three signatures are needed for a change in general education requirements or changes between two divisions.

Enrollment Counselor/Advisor: _____ Date: _____

Dean of Course: _____ Date: _____

Apply to this student only Add to the global substitution list

Dean of Student's Major: _____ Date: _____

*Chief Academic Officer: _____ Date: _____

*Required only for changes involving Institutional General Education requirements.

For use by Registrar's Office - copies sent to: Student Enrollment Counselor/Advisor