



COURSE SUBSTITUTION REQUEST
DO NOT USE THIS FORM IF COURSE WAS TAKEN AT ANOTHER INSTITUTION

Registrar's Office

Name: _____ Student ID#: Z _____

Local Address: _____ Phone: _____

ORU Email: _____

Major: _____ Concentration: _____ Minor: _____

Class: Fr So Jr Sr Semester/Year you entered ORU: _____

Example: HUM 350 (Area Studies) TAKEN Fall 08 FOR HUM 101 (Humanitas)

1. _____ TAKEN _____ FOR _____
(Substitute Course #/Title) (Sem/Year) (Required Course #/Title)

Applies to: Major Minor Concentration Cognate General Education

Rationale: _____

2. _____ TAKEN _____ FOR _____
(Substitute Course #/Title) (Sem/Year) (Required Course #/Title)

Applies to: Major Minor Concentration Cognate General Education

Rationale: _____

3. _____ TAKEN _____ FOR _____
(Substitute Course #/Title) (Sem/Year) (Required Course #/Title)

Applies to: Major Minor Concentration Cognate General Education

Rationale: _____

Signed/Approved By: _____
Advisor Date

Department Chair of Major Date

Authorization must be obtained by the respective department chair for substitution of courses taught outside of your major department.

Authorization for #1 Date

Authorization for #2 Date

Authorization for #3 Date