

# COURSE SUBSTITUTION FORM

OF THE SCHOOL OF EDUCATION  
UNIVERSITY OF DELAWARE

This form must be signed by the faculty advisor **prior** to taking the substitution course.

(PLEASE PRINT)

STUDENT NAME (Last, First, Middle)	DATE

STUDENT ID#	ACADEMIC PROGRAM	CONCENTRATION

PERMISSION IS HEREBY REQUESTED FOR SUBSTITUTION OF THE FOLLOWING  
COURSE REQUIREMENT:

COURSE NUMBER	COURSE TITLE	CREDIT HOURS

CREDIT IS TO BE MADE UP BY:

(Enter specific course or indicate that credit is to be satisfied by elective course)

Term you plan to take this course: \_\_\_\_\_

COURSE NUMBER	COURSE TITLE	CREDIT HOURS

Is this a required/Core course for your academic program?    YES / NO

If yes, why are you requesting this course substitution?

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APPROVED: \_\_\_\_\_  
(ADVISOR)

Date: \_\_\_\_\_

APPROVED: \_\_\_\_\_  
(SCHOOL OF EDUCATION)

Date: \_\_\_\_\_