



Substitution Form

Last Name First Name Middle Initial Student ID Number

Program of Study

Section 1 – SUBSTITUTION

Required Course		
Course Number	Course Title	Credits
SP 111 (Ex.)	Speech	4

Substitution Course		
Course Number	Course Title	Credits
COM 115 (Ex.)	Communication	4

Term	College / University	Year
Fall (Ex.)	Oregon State	2011

Section 2 – JUSTIFICATION

Justification for request must be completed by the student and/or program Department Chair for substitutions. Supporting documentation must also be attached.

Student Signature _____ Date: _____

Signifies Approval & Authorization. By signing this document, the student understands the following to be true: "Block Transfer" status may be affected by the granting of this waiver.

OFFICE USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	_____	Program Department Chair Signature	_____	Date	_____
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	_____	Course Department Chair Signature	_____	Date	_____
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	_____	Dean and/or VPI Signature(s) – if needed	_____	Date	_____
<input type="checkbox"/> Received	_____	Registrar Signature	_____	Date	_____