



## Request for Course Substitution Form

Course substitutions may be necessary when a course that is listed as a degree requirement for your program is not available through Campbell's course offerings due to scheduling or availability of faculty. In these cases, Campbell University may authorize the substitution of a course that closely resembles the course requirement and maintains the academic integrity of the degree program. However, substitutions will not be made for a student wishing to avoid taking a specific course.

### STUDENT INFORMATION

Full Name: \_\_\_\_\_ CU Email: \_\_\_\_\_

Student ID: \_\_\_\_\_ Phone #: \_\_\_\_\_

### COURSE INFORMATION

Campbell Campus: \_\_\_\_\_

Campbell Course: \_\_\_\_\_  
(Number, Title and Hours)

Transfer Institution: \_\_\_\_\_

Transfer Course: \_\_\_\_\_  
(Number, Title and Hours)

Purpose of Course Transfer: \_\_\_\_\_  
*Attach supporting documents, if necessary.*

#### **By signing and submitting this form:**

- I understand that this request is not automatic and/or guaranteed and will be processed in the order forms were received.
- I understand that with this change I am held to the policies and requirements of the applicable Academic Catalog.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Adviser/Academic Counselor may waive)

*Please complete and forward this form to your Adviser/Academic Counselor.*

#### **Adviser/Counselor Use Only:**

Institutional Hours: \_\_\_\_\_ Total Hours: \_\_\_\_\_ GPA: \_\_\_\_\_

Adviser/Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Office Use Only:**

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_