

Course Substitution Form



Course substitutions should be approved below by the Director of Undergraduate Studies in consultation with the instructor of the required course as necessary. This should be done in advance except for previous coursework taken by transfer students.

General Information	
Name	Previous Last Name (if any)
Address	ID Number
City, State, Zip/Postal Code	
E-mail Address	Telephone

Major Information	
Major Instrument	
Major Program (B. M. or B. A.):	
<input type="checkbox"/> B. M. (check one):	<input type="checkbox"/> Performance <input type="checkbox"/> Music Education <input type="checkbox"/> Music Therapy
<input type="checkbox"/> B. A. Music	

Required Course			
Course Number	Title	Credits	Semester/Year

Proposed Course Substitution			
Course Number	Title	Credits	Semester/Year

Explanation
Briefly state why the proposed substitution should satisfy the requirement:

Instructor (if required)

Date

Director of Undergraduate Studies

Date