



College of Graduate and Professional Studies

INDIANA STATE UNIVERSITY

Course Substitution Request

Name: _____ Student ID #: _____
Last First M.I.

Academic Department: _____ Academic Program: _____

Required Course			Substituted Course			
Prefix and Number	Title	Credits	Prefix and Number	Title	Credits	Institution (if different from ISU)

Reason(s) for Substitution(s):

Authorizations

Advisor: _____
Printed Name Signature

Department Chair: _____
Printed Name Signature

Education Student Services: _____
 (if educator licensure program) *Printed Name Signature*

CGPS Dean: _____
Printed Name Signature

Scan this form and email to the College of Graduate and Professional Studies, ISU-GradInfo@indstate.edu. Forms will only be accepted when emailed from the department or college.

Copy to be retained in ImageNow.