

Course Substitution Form

Student Instructions: Please return the completed form to the Undergraduate Program Coordinator.

Name:					Phone:	
	Last	First	Μ	iddle Initial		
OU ID#:	D#: Email:					
Classification: Cumu					ative GPA:	
	Fr. Soph. Jr.	Sr.				
Anticipated Ser	nester of Graduat	on:				
	e following requirents of credit hour		pelow to be v	waived and	that I be allowed to substitute an	
To Be Waived:						
Course(s):					Credit Hours:	
						
					Total Hours:	
To Be Substitut	ed (Attach Copy c	of Transcript):				
Course(s):					Credit Hours:	
					Total Hours:	
Have you previ	ously attempted t	ne waived cou	rse?			
What course do	o you plan to enro	ll in?				
Reason for wai						
Student Signature:					Date:	
Department A	oproval:					
Approve	Signature:				Date:	
Deny		Undergraduate Stu	idies Chair, Rebeo	cca Scott, Ph.D.		
Approve Deny	Signature:	Direct	or, Wei Chen, Ph.	D.	Date:	