

Date Received: _____

Received By: _____

Date Processed: _____

Course Substitution Request

Please complete all required fields in pen. The Department Chair for the degree program required course that you are requesting to substituted is the approving authority. Please refer to the Degree Program Department Chairs.

Department Chair	Degree Program	Bldg/Room	Department Chair	Degree Program	Bldg/Room
Dr. Shahram Taj	BA & DS	IST 2008	Dr. Muhammad Rashid	CE & EE	IST 2096
Dr. Youssif Al-Nashif	CS	IST 2073	Dr. Mary Vollaro	ME	IST 2099
Dr. Robert Green	Natural Sciences	IST 2020	Dr. Jared Bunn	Mathematics	IST 2011
Dr. C. Wylie Lenz	Arts, SS, & HUM	IST 2005	Dr. Tim Shedd	Graduate Program	IST 2098

LAST: _____ FIRST: _____ MI: _____

STUDENT UID: _____ EMAIL: _____@floridapoly.edu

DEGREE PROGRAM/CONCENTRATION _____

CATALOG YEAR _____

Step 1: Identify Substitute Course

Course Prefix/Code: _____ Course Title: _____

Term/Year Completed or In-Progress: _____ Grade Earned: _____ Credit Hours: _____
(If in progress enter "IP")

If substitute is a transfer or approved transient course, identify name of the institution it was or will be completed at:

Reason for substitution request **(REQUIRED)**: _____

Student Signature: _____ Date: _____

Step 2: Florida Poly Degree Required Course (course to be substituted)

Course Prefix/Code: _____ Course Name: _____ Credit Hours: _____

Step 3: Department Chair Approval

I have reviewed this request and it has been approved: YES NO

Reason for Approval or Denial **(REQUIRED)**: _____

Department Chair Signature: _____ Date: _____