



COURSE SUBSTITUTION REQUEST

THIS IS ONLY A REQUEST. YOUR DEPARTMENT CHAIR IS THE FINAL DECISION-MAKER FOR THIS REQUEST.

Student Name _____ Date _____

Student UID _____ Poly Email _____

Program _____ Concentration _____ Catalog Year _____

Florida Polytechnic Degree Requirement

Substitute Course Request

Course prefix and code: _____

Course prefix and code: _____

Course name: _____

Course name: _____

Credit hours: _____

Credit hours: _____

Reason substitution is requested: _____

Reason substitution is approved or denied: _____

Chair: Do you approve this? Circle **YES** or **NO** and sign below.

Department Chair Approval _____ Date _____

Student Signature _____ Date _____

Submit completed form to the Registrar's office. Incomplete forms will not be processed.

Registrar Signature _____ Date _____