Course Substitution Form

Office of the Registrar
Graduation Services
108 Whichard Building

Instructions:

1. Prepare this form, and complete it with signatures of student, advisor, and designated department or unit representative.

2. When the form has been completed, please submit it to the Graduation Services Office of the Office of the Registrar for approval.

DATE: ____________________________

NAME: ____________________________
ECU (Banner) ID # __________________

(Last) (First)

Substitute ______________________ for ______________________
Substitute ______________________ for ______________________
Substitute ______________________ for ______________________
Substitute ______________________ for ______________________

Comments:

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Student: ____________________________ (DATE)

Academic/Faculty Advisor: ____________________________ (DATE)

Designated Department or Unit Representative: ____________________________ (DATE)