



# 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)

<b>Substitute</b>	_____	<b>for</b>	_____
<b>Substitute</b>	_____	<b>for</b>	_____
<b>Substitute</b>	_____	<b>for</b>	_____
<b>Substitute</b>	_____	<b>for</b>	_____
<b>Substitute</b>	_____	<b>for</b>	_____

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
Student (DATE)

\_\_\_\_\_  
Academic/ Faculty Advisor (DATE)

\_\_\_\_\_  
Designated Department or Unit Representative (DATE)