

**BENJAMIN M. STATLER COLLEGE OF ENGINEERING AND MINERAL RESOURCES**  
**COURSE SUBSTITUTION REQUEST [GRADUATE]**

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Complete this form in ink or typed.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Major: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby request permission to make the following substitutions:

Required Course: \_\_\_\_\_

Course to be Used as Substitute: \_\_\_\_\_

Reasoning:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewed and Approved by:

Print Name

Signature

Date

Advisor \_\_\_\_\_

Department  
Chairperson \_\_\_\_\_

Verification by Student  
Services \_\_\_\_\_

Associate Dean for  
Academic Affairs      Dr. David Wyrick \_\_\_\_\_