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 of Academics  Dr. Robin Hissam
and Student Performance

Please return form to the Student Services, Room 340 Mineral Resources Building or Statler-StudentServices@mail.wvu.edu