Complete this form in ink or typed.

Date: ________________________________

Name: ________________________________  Student ID: ________________________________

Major: ________________________________  Minor: ________________________________

I hereby request permission to make the following substitution:

Required Course: ________________________________

Course to be Used as Substitute: ________________________________

Institution Where Course was Taken: ________________________________

Semester Taken or To-Be Taken: ________________________________

Reasoning:

Reviewed and Approved by:

Print Name  Signature  Date

Advisor

Department Designee

Verification by Student Services

Associate Dean of Academics and Student Performance  Dr. Robin Hissam

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