



COLLEGE of FINE ARTS

School of Music

Course Substitution Form

DATE:

TO: Dr. Elizabeth Kirkendoll, Assistant Director, TCU School of Music

FROM: Faculty Advisor Name & Signature

RE: Student Full Name TCU ID Degree

Please approve the following course substitution(s) from (use a separate form for each college/university) on the degree plan for the student named above:

college/university

Table with 5 columns: Course Number, Title, for, Course Number, Title

Additional Information:

First Endorsement

DATE:

TO: Coordinator of Degree Certification, TCU College of Fine Arts

FROM: Dr. Elizabeth Kirkendoll, Assistant Director, TCU School of Music

RE: COURSE SUBSTITUTION APPROVAL

The courses listed are approved for substitution. Please adjust their transcript to reflect these substitutions. Questions or clarification concerning any information should be directed to the faculty advisor.

cc: Student File, School of Music