

**TO:** Registrar's Office

**FROM:** Graduate Studies – College of Fine Arts

**DATE:**

**RE:** Course Substitution Form

**STUDENT:** \_\_\_\_\_ ID \_\_\_\_\_

Please approve the following course substitution(s) on the degree plan for the student named above.

Required course: \_\_\_\_\_ # hours \_\_\_\_\_

Substitution: \_\_\_\_\_ # hours \_\_\_\_\_

Faculty advisor: \_\_\_\_\_

Thanks,

Dr. H. Joseph Butler  
Associate Dean  
College of Fine Arts

HJB/ds

cc Department  
Student File  
Financial Services