



**Undergraduate Course Substitution Form**

**DATE:**

**TO:** Coordinator of Degree Certification, Office of the Dean

**FROM:** Director or Chair Name & Signature

**RE:** Student Full Name TCU ID Degree

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

Course Number	Title	for	Course Number	Title

Additional Information:

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**First Endorsement**

**DATE:**

**TO:** School Director or Department Chair

**FROM:** Faculty Advisor

**RE: COURSE SUBSTITUTION APPROVAL**

The courses listed have been reviewed by the appropriate faculty and are approved for substitution. Please direct the above coursework so the student's degree progress accurately reflects the substitution. Questions or clarification concerning any information should be directed to the faculty advisor.