



COLLEGE of **Course Substitution** FINE ARTS **Form**

To the Coordinator of Degree Certification for the College of Fine Arts:

Student Name: _____ **ID#:** _____ **Degree:** _____

Please direct the following coursework so the above-named student's degree progress accurately reflects the following substitution(s). The courses listed have been reviewed by the appropriate faculty and are approved by the department chair for substitution.

Course Number	Title	for	Course Number	Title

Reason for Substitution:

Additional Information:

Advisor's Signature

Date

Dept Chair/School Director's Signature

Date