



**GEORGIA SOUTHWESTERN  
OFFICE OF THE REGISTRAR**

800 Georgia Southwestern State University Drive  
Americus, GA 31709-4379

# COURSE REQUIREMENT SUBSTITUTION FORM

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Student Level: \_\_\_\_\_ gswID#: \_\_\_\_\_

Graduation Term: \_\_\_\_\_

Request is hereby made for the following change of course(s) in the required degree program in \_\_\_\_\_  
(Major Concentration)

For the above named student:

### SUBSTITUTION


### REQUIRED COURSE


RATIONALE (REQUIRED): \_\_\_\_\_

## If required course is from another department or school:

\_\_\_\_\_  
(Advisor's Signature)

\_\_\_\_\_  
(Department Chair's Signature)

\_\_\_\_\_  
(Dean's Signature)

\_\_\_\_\_  
(Department Chair's Signature)

\_\_\_\_\_  
(Dean's Signature)

Approved: \_\_\_\_\_

Date: \_\_\_\_\_

Associate Vice President for Academic Affairs