



UNIVERSITY OF
MARY HARDIN-BAYLOR
EDUCATION FOR LIFE... EXPERIENCE OF A LIFETIME

Course Substitution Proposal

Student Name: _____ ID #: _____

Estimated Graduation Date: _____

College of _____

Major: _____ Minor: _____

<p><u>UMHB Degree Requirement:</u></p> <p>Department Prefix _____</p> <p>Course Number _____</p> <p>Course Title _____</p>

<p><u>Course Substitution:</u></p> <p>Department Prefix _____</p> <p>Course Number _____</p> <p>Course Title _____</p> <p>Transfer Institution _____</p>

<p>Reason for Substitution: (Please attach to this form a copy of the course description of the substituted course if it is not a UMHB course.)</p>
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 Advisor

 Date

 Program Coordinator

 Date

 Associate Dean

 Date

Completed forms should be sent to the Registrar's Office, Box 8425
 Please retain a copy of the completed form for your own records.
 The Registrar's Office will provide a copy of the completed form with all signatures to the student.

In the College of Christian Studies, the Dean signs for the Associate Dean.
 In the College of Visual and Performing Arts, the Dean signs for the Associate Dean and the Department Chair signs for the Program Coordinator.
 Form Approved by Dean's Council 6-23-2016