

Campbellsville University – Registrar’s Office

SUBSTITUTION REQUEST FORM

Name _____ Phone _____ ID _____

I request that this course,

| Course # | Course Title | Credit Hrs | Year & Term Taken | School Name |
|----------|--------------|------------|-------------------|-------------|
| | | | | |

...substitute for this course,

| Course # | Course Title | Credit Hrs |
|----------|--------------|------------|
| | | |

It should substitute in my academic program as:

- A General Education requirement _____
- My Major _____
- My Area..... _____
- My Minor _____
- An Elective _____

COMMENTS: _____

PLEASE NOTE:

1. A **minimum** of 120 earned hours is required to graduate. (AP, CLEP, ACT/SAT credits do earn hours.)
2. Developmental/remedial courses (i.e. MTH 099, ESL) **do not count** toward the 120 earned hour minimum.
3. Courses in an Area, Major, or Minor can be counted **only once**.
4. A **minimum** of 1/3 of an Area, Major, or Minor **must be** completed at Campbellsville University.
5. **The last thirty hours** of academic work **must be** completed in residence.

I have read and understand the terms stated above:

Student Signature Date

Advisor Signature Date

APPROVAL RECOMMENDED BY:

APPROVED BY:

Dean or Chair (from discipline of courses above) Date

Director of Student Records Date

Teacher Education Chair Date
(Required if teacher certification is sought)

Vice President for Academic Affairs Date

SUBSTITUTION PROCEDURES ARE PRINTED ON REVERSE

Office Use Only

| Date | OSR Staff | Action Taken |
|------|-----------|--------------|
| | | |

