

# MTSU Undergraduate Course Substitution Form

*See back for guidelines*

To be accepted, please print neatly and complete all portions of this form.

Student Name: \_\_\_\_\_ M# \_\_\_\_\_ MTSU E-mail: \_\_\_\_\_  
 (Last) (First) (Middle)

Local Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Major: \_\_\_\_\_ Catalog under which you plan to graduate: \_\_\_\_\_

Minor (if substitution applies to minor): \_\_\_\_\_ Expected graduation term: \_\_\_\_\_

- **If requesting a substitution only, then no need to check last two boxes.**
- **Check "Change Equivalency" if recommending the equivalency be changed on this student's transcript. (e.g. change PSY ELLD to PSY 1410).**
- **Check "Update Transfer Catalog" if recommending change to transfer course equivalency for all future students.**

Requirement				Substitution Requested							Change Equivalency on Student's Transcript	Update Transfer Catalog for future transfers**
Course Prefix	Course Number	Course Title	Sem. Hours	If transfer, list other school's information which can be seen on the Transfer Evaluation Link								
Course Prefix	Course Number	Course Title	Sem. Hours	Course Prefix	Course Number	Course Title (MTSU equivalency if transfer)	Institution where taken	Sem. Hours	Semester Taken	Grade		
Ex: PSY	1410	General Psychology	3	PY	101	Intro to Psy (PSY ELLD)	Motlow	3	Fall 08	A	<input type="checkbox"/>	<input type="checkbox"/>
											<input type="checkbox"/>	<input type="checkbox"/>
											<input type="checkbox"/>	<input type="checkbox"/>
											<input type="checkbox"/>	<input type="checkbox"/>
											<input type="checkbox"/>	<input type="checkbox"/>
											<input type="checkbox"/>	<input type="checkbox"/>
											<input type="checkbox"/>	<input type="checkbox"/>

**To be accepted**, the Course Substitution form must be completed in its entirety by appropriate (major/minor) advisor, and approved by the appropriate department chair, and college dean BEFORE being submitted to the Undergraduate College Graduation Coordinator.

Approval requested for: \_\_\_\_\_  
 Recommended by Advisor (signature) \_\_\_\_\_ Approved by Chair (signature) \_\_\_\_\_ Approved by Dean (signature) \_\_\_\_\_  
 Major / Gen Ed. \_\_\_\_\_  
 Minor \_\_\_\_\_ Date \_\_\_\_\_

\*\* For the Transfer Catalog to be changed, the Chair of the Department offering the course OR the Dean of the College in which the course resides must sign.

Transfer Catalog Change Approval by Appropriate Chair or Dean: \_\_\_\_\_ Date: \_\_\_\_\_