



Williamston, North Carolina

Course Substitution Request Form

I am hereby requesting _____
Student's Name

Student ID Number

Program of Study: _____
Program Title

Program Code

be permitted to substitute the following course(s):

Course Title Credit Hours
for

Course Title Credit Hours
for

Course Title Credit Hours

Course Title Credit Hours

Reason:

Reason:

Course Title Credit Hours
for

Course Title Credit Hours
for

Course Title Credit Hours

Course Title Credit Hours

Reason:

Reason:

Signature of Advisor Making the Request

Date

APPROVAL

Signature of Chief Academic Officer or CAO Designee

Date

Signature of Registrar

Date