

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: _____