



**Enrollment Services
OFFICIAL COURSE SUBSTITUTION FORM**

NAME: _____ MICA ID #: _____

E-MAIL: _____ MAJOR: _____

LEVEL (circle one): Freshman Sophomore Junior Senior Post-Bac Graduate

The following course:

Department Course # Course Title

May be taken in place of the following REQUIRED course:

Department Course # Course Title

Reason for substitution:

Has the substitute course been completed? Yes _____ Semester/Year _____

No _____ Semester/Year course will be completed _____

This form must be signed and dated by the chairperson of the department of the **REQUIRED COURSE**.
No other signature is valid.

Chairperson Signature: _____ Date: _____

Printed Name: _____ Department: _____

Please submit completed form to Enrollment Services, Bunting Center, Second Floor.

For Office Use Only

Academic Advising Signature Date Degree Plan Updated