Enrollment Services
OFFICIAL COURSE SUBSTITUTION FORM

NAME: ________________________________________ MICA ID #: _________________________
E-MAIL: _________________________________________ MAJOR: ___________________________
LEVEL (circle one):      Freshman     Sophomore     Junior     Senior     Post-Bac     Graduate

Reason for substitution:
___________________________________________________________________________________
____________________________________________________________________________________

Has the substitute course been completed?  Yes _______ Semester/Year ______________________
No _______ Semester/Year course will be completed ________________________________________

The following course:

Department    Course #    Course Title

May be taken in place of the following REQUIRED course:

Department    Course #    Course Title

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 ___________________________