

Course Substitution Contract

Preferred Name / _____

Legal Name / if different from preferred name / _____

ID / _____

MICA Email / _____

Major or Graduate Program / _____

Academic Level / freshman sophomore post-bacc

junior senior graduate

Please submit completed form to Enrollment Services, Bunting Center, 2nd floor.

Required Course / the course required by your major's degree plan /

Course Title / _____

Department / _____ Course # / _____

Substituted Course /

Course Title / _____ Course # / _____

Reason for Substitution / _____

Date Completed / _____

Sem / _____ Year / _____

This form must be signed by the Chairperson of the student's major department. No other signature is valid.

Student Signature / _____ Date / _____

Major Department Chairperson /

Print Name / _____ Dept / _____

Signature / _____ Date / _____

Enrollment Services /

Signature / _____ Date / _____

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