

**Office of the Registrar
Official Substitution Form**

AMSCID _____ Student Name _____

Division _____

Pathway or Bachelor's Degree _____

The following courses are approved for modification. (Mark where applicable.)

Previous Course		Current Course		Requirement Fulfilled	Program Area	Action*
Subject	Number	Subject	Number			

Comments/Notes _____

 Advisor

 Date

 Dean of Academic Division

 Date

***Action**

Force Complete
 Substitution

– FC
 – SB

Also Allow
 Apply Here

– AA
 – AH