

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 email: _____
 (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 otherschool's informationwhichcan be seen on theTransfer Evaluationlink in RaiderNet:								
Course Prefix	Course Number	Course Title	Sem. Hours	Course Prefix	Course Number	Course Title (MTSU Equivalencyif transfer)	Institutionwheretaken	Sem. Hours	Semester Taken	Grade		
<i>Ex:</i> 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 below.**

Transfer Catalog Change Approval by Appropriate Chair or Dean: _____ Date: _____