

UNIVERSITY OF ARKANSAS
College of Agricultural, Food, and Life Sciences

COURSE SUBSTITUTION FORM

Name of Student _____ ID# _____

Student's Major _____ Catalog Year of Graduation _____

Student's Minor _____ Student's Email _____

Request to Substitute:	Term Taken:	For:
_____	_____	_____
Course ID	Year/Sem	Course ID

The reason for this request:

Signature of
Advisor _____ Date _____

Signature of
Department Head : _____ Date _____

Signature of
Minor Dept. Rep. _____ Date _____
(Required only if substitution in minor)

RETURN TO DEAN'S OFFICE, AFLS E108
Copies will be made for the Dean's files, Advisor, and Student