

OFFICE OF ACADEMIC AFFAIRS



Request for Course Substitution

Student Name _____ Date _____

Email _____ Advisor _____

Major(s) _____ Minor(s) _____

I respectfully request that the following course substitutions be applied to the requirements for my degree completion

Course Completed (Dept, Crs#, Course Name)	Course Required (Dept, Crs#, Course Name)	Reason for Request

Reason Codes - CNO = Course Not Offered, #CH = Course Number Change, ROT = Rotation, TR = Transfer Class, Other = Provide detail in notes below.

Additional Notes:

Student Signature

Advisor Signature

Return completed form to University of the Ozarks or email to registrars@ozarks.edu.

Registrar Notes:

Chief Academic Officer Approval: _____ **CAMS/Degree Audit updated:** _____