

# 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:

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\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Advisor Signature**

Return completed form to Office of Academic Affairs or email to [registrars@ozarks.edu](mailto:registrars@ozarks.edu).

Office use only

**Registrar Notes:** \_\_\_\_\_ **Registrar Signature:** \_\_\_\_\_

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**Chief Academic Officer Approval:** \_\_\_\_\_ **CAMS/Degree Audit updated:** \_\_\_\_\_