This is a request to substitute the following courses:
Institution where courses were taken if other than KSU:_____

_____ **for** _____ _____
Course ID and Title **KSU Course ID and Title** ***Verification by D/SA Chair**

_____ **for** _____ _____
Course ID and Title **KSU Course ID and Title** ***Verification by D/SA Chair**

_____ **for** _____ _____
Course ID and Title **KSU Course ID and Title** ***Verification by D/SA Chair**

Justification:
_____

_____

_____

Approvals:

_____ _____
Advisor/Program Director   Date   Dean   Date

_____ _____
Chairperson   Date   Office of the Registrar   Date

*Verification by Discipline/Subject Area Chair is required only when substituting a course of your discipline.

☐ **Please check here if the student is a Veteran.**

Forward copy to Veteran Affairs Coordinator,   Forward by: _____
                                               Initials Registrar Office   Date