



DEGREE AUDIT SUBSTITUTION REQUEST

Use this form to assure that the degree audit recognizes substitute courses approved by departments/schools as fulfilling requirements in the major or minor.

Name _____ SID _____ School _____
 Last First Middle

COURSES TAKEN (Department to complete.)	SUBSTITUTION (Department to complete.)	AUTHORIZATION SIGNATURE
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Course ID & Section	Course Title	Term Taken	Course ID	Department/School
				Approved by: (Print Name) _____
Requirement satisfied by the substitution:				Signature: _____
				Date: _____

Course ID & Section	Course Title	Term Taken	Course ID	Department/School
				Approved by: (Print Name) _____
Requirement satisfied by the substitution:				Signature: _____
				Date: _____

Course ID & Section	Course Title	Term Taken	Course ID	Department/School
				Approved by: (Print Name) _____
Requirement satisfied by the substitution:				Signature: _____
				Date: _____

Please return form with department/school approval to the Academic Advising Center. Newcomb-Tulane Academic Advisor will route to Registrar's office.

Academic Advisor Signature: _____ Date: _____