

REGISTRAR STAFF ONLY

Date Received: _____

Received By:____

Date Processed:

Course Substitution Request

(FORM MUST BE COMPLETED ELECTRONICALLY OR IN PEN)

Course substitutions may be used when appropriate to help students satisfy degree requirements. Approval is at the discretion of the student's current degree program Department Chair, after review by the course subject matter Department Chair. Depending on the course to be substituted, both signatures may be the same. Students who change majors may be required to complete an additional course substitution request to determine if the previous substitution is still appropriate.

Last:	First:		MI:
Student ID:	Email:		@floridapoly.edu
Degree Program/Concentration:		Catalog Year:	
Step 1: Indicate course to be us	ed as a substitute		
If transfer/transient course, indicate institu	tion where credit was earned:		
Course Prefix/Code:	Course Title:		
Term/Year Completed or In-Progress:		de Earned: progress enter "IP")	Credit Hours:
Step 2: Florida Poly degree requ	ired course to be subst	ituted	
Course Prefix/Code: Co	urse Name:		Credit Hours:
Reason for substitution request (REQUI	RED):		
Student Signature:	Date:		
Step 3: Course subject matter D	epartment Chair review	(course syllabus	s may be requested)
I have reviewed the course information, an Reason for decision (REQUIRED) :			NO
Course Department Chair Signature:		Da	te:
Step 4: Degree program Depart	ment Chair decision (ma	y be the same Ch	air as Step 3)
I have reviewed this request and it is: Reason for Approval or Denial (REQUIR			
Program Department Chair Signature:		Date	e:

Return to the Office of the University Registrar | IST Building room 2052 | 863-874-8540 | registrar@floridapoly.edu