

TRUMAN STATE UNIVERSITY
SUBSTITUTION FORM

Students petitioning for a substitution should complete steps 1-4, then submit this form and all required documentation to the Registrar's Office, McClain Hall 104.

1. Provide the following information.

Name: _____ ID: _____

Current Address: _____

Phone Number: _____ Email: _____

Degree(s): BA BFA BM BS BSN

Major(s): _____ First Semester at Truman: _____

Minor(s): _____ Anticipated Graduation Date: _____

I would like to substitute this course:	<input type="checkbox"/> Completed at Truman in _____ <i>Semester</i>
_____	<input type="checkbox"/> Completed at _____ <i>Name of Transfer or Study Abroad Institution</i>
<i>Course # Course Title</i>	during _____ <i>Semester</i>
For this course or requirement:	

<i>Course # Course Title</i>	
In this area of my degree program:	

<i>i.e., LSP Essential Skills, LSP Mode of Inquiry, LSP Interconnecting Perspectives, major requirement, minor requirement, required support, B.A./BS requirements</i>	

2. Attach a copy of your current degree worksheet from Degree Works.

3. If this course was not completed at Truman, attach a course description and, if available, a syllabus.

4. Obtain your advisor's signature in the box below.

By signing this form, I acknowledge that I have discussed this substitution with this student.	
Advisor's Signature and Division: _____	Date: _____

5. Submit this form and all required documentation to the Registrar's Office, McClain Hall 104.

Approval Process: After ensuring that all required documentation is attached to this form, the Registrar's Office will forward it to the appropriate department for review. If the department approves this substitution, he/she will forward the form to the Vice President for Academic Affairs (VPAA) for review. If both the department and the VPAA approve the substitution, the student will receive a signed copy of the substitution form in the mail at the address provided above indicating that the substitution has been granted. If either the department or the VPAA denies the substitution, the student will be notified by e-mail or mail at the addresses provided above.

FOR OFFICE USE ONLY

Department Chair's Approval: _____ Date: _____

Vice President for Academic Affairs' Approval: _____ Date: _____

REGISTRAR'S OFFICE USE:	
___	Exception in Degree Works
___	Modified Scribe Block
___	Attribute added to Banner
___	Not Needed/Not Entered
_____	_____
<i>Initials</i>	<i>Date</i>