



TENNESSEE TECH
COLLEGE OF GRADUATE STUDIES
SUBSTITUTION FORM

Student's Name _____

Course(s) to be <i>Deleted</i>				Course(s) to be <i>Added</i>			
Dept.	Crs. No.	Course Title	Sem. Hrs.	Dept.	Crs. No.	Course Title	Sem. Hrs.

Reason for Request: _____

Date: _____

Student's Signature _____

APPROVED:

Student ID/ "T" No. _____

Graduate Advisory Committee:

Major _____ Degree _____

_____, Chairperson _____ date

_____, Member _____ date

_____, Member _____ date

_____, Member _____ date

_____, Member _____ date

_____, Member _____ date

Departmental Chairperson _____ Date _____

Dean of College _____ Date _____

(Program Director if Student is in the Ph.D. Program)

College of Graduate Studies Designee _____ Date _____