



**TENNESSEE TECH
COLLEGE OF GRADUATE STUDIES
SUBSTITUTION FORM**

HANDWRITTEN FORMS WILL NOT BE ACCEPTED

Student's Name _____ T# _____

Course(s) to be Deleted				Course(s) to be Added			
Dept.	Crs. No.	Course Title	Sem. Hrs.	Dept.	Crs. No.	Course Title	Sem. Hrs.

Reason for Request: _____

Date: _____ Student's Signature _____
APPROVED: Student's email _____@students.tntech.edu
 Graduate Advisory Committee: Major _____ Degree _____

Check below if
College of Education
licensure program

_____, 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 _____