



TENNESSEE TECH
COLLEGE OF GRADUATE STUDIES
SUBSTITUTION FORM

HANDWRITTEN FORMS WILL NOT BE ACCEPTED

Student's Name _____ T# _____

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 _____

Student's email _____@tntech.edu

APPROVED:

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 _____