

COURSE SUBSTITUTION RECOMMENDATION FORM



DATE OF REQUEST: _____

SEMESTER: _____

STUDENT NAME _____
Last First MI

SOCIAL SECURITY NUMBER _____ STUDENT ID _____

ACADEMIC PLAN: _____

_____ will be substituted for
(Name and Number of Course)

_____ in _____
(Name and Number of Course) (Name of Program)

Reason for substitution:

Student's Signature

Division Chair or Program Coordinator Signature

Academic Dean's Signature

Assistant Registrar or Registrar's Signature

CC: Advisor
Records Office
Student

Licking Valley Campus
319 Webster Avenue
Cynthiana, KY 41031
859-234-8626

Maysville Campus
1755 US 68
Maysville, KY 41056
606-759-7141

Rowan Campus
609 Viking Drive
Morehead, KY 40351
606-783-1538