



WESTERN MICHIGAN UNIVERSITY

The Graduate College

COURSE SUBSTITUTION FORM

Use this form to implement a change to the permanent program of study.

1. **This form is interactive.** Please type all information directly in the form before printing out.
2. Gather signature from your Graduate Advisor
3. Submit the form to your Department Office



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(To implement a change to the permanent program of study)

TO: OFFICE OF THE REGISTRAR

FROM: _____

(Department)

(Program)

Please record the following changing in the graduate program of:

Student's Name: _____

Last Name, First Name, Middle

WIN: _____

DELETE	ADD
<i>Course Number/Title</i>	<i>Course Number/Title</i>
_____	_____
_____	_____
_____	_____
_____	_____

Student's Signature: _____

_____ Date

Approved by

Graduate Advisor _____

_____ Date