



Course Substitution Slip

TO: OFFICE OF THE REGISTRAR DATE: _____

THRU: Graduate Advisor

Please record the following change in the graduate program of:

Student Name: _____ WIN # _____
(Please print/type) Last Name, First Name Middle

DELETE
course #/title

ADD
course #/title

Student Signature: _____

Graduate Advisor: _____
(Please print/type name)

Approved: _____ Date: _____
(Graduate Advisor Signature)