

## COURSE SUBSTITUTION APPLICATION

Complete and submit this form if you are seeking to substitute a specific course for a degree requirement with something not listed as part of the requirement. Course substitution requests are evaluated on a case by case basis and should be done in consultation with your academic advisor.

This form needs to be completed in its entirety before your course substitution request will be submitted to the committee for approval. If you have any questions please email [registrar@ambrose.edu](mailto:registrar@ambrose.edu). For more information, please refer to the Academic Calendar.

TO BE COMPLETED BY THE STUDENT

<b>STUDENT INFORMATION</b>	
Name:	
Student ID:	
Email:	
Program:	
CGPA:	
<b>COURSE INFORMATION</b>	
Required Course:	
Course Requested as Substitution:	
Semester/Year:	
Reason for Substitution Request:	
<b>REQUIRED SIGNATURES</b>	
Student:	Date:
Academic Advisor:	Date:
Program Head:	Date:

*Please Note: It is the student's responsibility to have this form completed in its entirety. Once completed, please return the form to the Registrar's Office by either dropping it off at the counter or emailing it to [registrar@ambrose.edu](mailto:registrar@ambrose.edu).*

TO BE COMPLETED BY THE OFFICE OF THE REGISTRAR

<b>APPROVALS</b>	
Decision of AAC: <input type="radio"/> Approved <input type="radio"/> Denied	Date:
ACC Comments:	
Registrar's Signature:	Date:
<b>FILING</b>	
<input type="radio"/> Student & Advisor Notified <input type="radio"/> Action & Annotation Entered in SIS	
Filed by:	Date: