

## COURSE SUBSTITUTION REQUEST

### STUDENT INFORMATION

Name:	Student ID:
Program:	
Email:	

### COURSE INFORMATION

Required course:
Course requested as substitution:
Semester:
Reason for substitution:

### SIGNATURES

Student:	Date:
Academic Advisor:	Date:
Program Head/Convenor:	Date:

***Note: It is the student's responsibility to have this form completed. Do not leave the form with anyone until all signatures have been obtained.***

***Return this form to the Registrar's Office, Ambrose University***

150 Ambrose Circle SW, Calgary, AB T3H 0L5  
 Fax: 403-571-2556  
 Email: registrar@ambrose.edu

### APPROVALS

Decision of AAC:	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Not approved	
AAC Comments:	
Registrar's Signature:	Date:

### OFFICE USE

<input type="checkbox"/> Student notified <input type="checkbox"/> Advisor notified	Date:
<b>SIS</b> Date action entered:	By:
Date action completed:	By: