

TRUMAN STATE UNIVERSITY  
SUBSTITUTION FORM

Students petitioning for a substitution should complete steps 1-4, then submit this form and all required documentation to the Registrar's Office, McClain Hall 104.

1. Provide the following information.

Name: \_\_\_\_\_ ID: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Degree(s):                      BA                      BFA                      BM                      BS                      BSN

Major(s): \_\_\_\_\_ First Semester at Truman: \_\_\_\_\_

Minor(s): \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

<p><b>I would like to substitute this course:</b></p> <p>_____</p> <p><i>Course #    Course Title</i></p> <p><b>For this course or requirement:</b></p> <p>_____</p> <p><i>Course #    Course Title</i></p> <p><b>In this area of my degree program:</b></p> <p>_____</p> <p><i>i.e., LSP Essential Skills, LSP Mode of Inquiry, LSP Interconnecting Perspectives, major requirement, minor requirement, required support, BA/BS requirements</i></p>	<p><input type="checkbox"/> Completed at Truman in _____ <span style="float: right;"><i>Semester</i></span></p> <p><input type="checkbox"/> Completed at _____ <span style="float: right;"><i>Name of Transfer or Study Abroad Institution</i></span></p> <p>during _____ <span style="float: right;"><i>Semester</i></span></p>
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2. **Attach a copy of your current degree audit using the detail requirements view.** Students who entered Truman before Fall 2004 should submit a copy of their current degree worksheet.

3. **If this course was not completed at Truman, attach a course description and, if available, a syllabus.**

4. **Obtain your advisor's signature in the box below.**

By signing this form, I acknowledge that I have discussed this substitution with this student.	
Advisor's Signature and Division: _____	Date: _____

5. **Submit this form and all required documentation to the Registrar's Office, McClain Hall 104.**

**Approval Process:** After ensuring that all required documentation is attached to this form, the Registrar's Office will forward it to the appropriate academic dean for review. If the dean approves of this substitution, he/she will forward the form to the Vice President for Academic Affairs (VPAA) for review. If both the dean and the VPAA approve the substitution, the student will receive a signed copy of the substitution form in the mail at the address provided above indicating that the substitution has been granted. If either the dean or the VPAA denies the substitution, the student will be notified by e-mail or mail at the addresses provided above.

**FOR OFFICE USE ONLY**

Dean's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President for Academic Affairs' Approval: \_\_\_\_\_ Date: \_\_\_\_\_

<b>REGISTRAR'S OFFICE USE:</b>	
___ Substitution	
___ Area/Group Adjustment	
___ Approval Text Entered	
___ Not Needed/Not Entered	
_____ <i>Initials</i>	_____ <i>Date</i>