

COURSE SUBSTITUTION APPROVAL FORM

Student Name: _____

TCNJ ID#: _____

Advisor: _____

Required Course No. _____

Required Course Name: _____

Course Proposed For Substitution (No. & Name): _____

Justification for Substitution: _____

Faculty Advisor's Signature & Date

Student Signature & Date

Approval:

Chairperson Date

Dean's Office _____
(initialed)