



STEPHEN F. AUSTIN STATE UNIVERSITY

Office of Research
and Graduate Studies

Course Substitution Request	
Date: _____	
Student Name:	SID:
Major:	
Course Required:	
Proposed Substitution:	

X _____
Graduate Advisor

X _____
Academic Unit Head

X _____
Academic Dean

X _____
Dean of Research and Graduate Studies

Any proposed substitutions for core or college requirements need dean's approval.