

**WASHINGTON STATE UNIVERSITY  
TRANSFER COURSE SUBSTITUTION REQUEST**

*Requests should be submitted no later than a semester prior to graduation*

**Routing for Signatures**

<p><b>Please include with all requests:</b></p> <ol style="list-style-type: none"><li><b>1. Current Degree Audit</b></li><li><b>2. Copies of all transcripts and Transfer Credit Report</b></li><li><b>3. Course descriptions and/or syllabi for all substitutions</b></li></ol>	<ol style="list-style-type: none"><li>1. Student</li><li>2. Academic Advisor/Coordinator</li><li>3. Office of Undergraduate Education <i>zip 4519, CUE 403, 335-2971</i></li></ol>
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NAME: \_\_\_\_\_ EXPECTED GRADUATION DATE: \_\_\_\_\_

WSU ID #: \_\_\_\_\_ MAJOR: \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

I request to **substitute** (course and course number): \_\_\_\_\_

From (college or university): \_\_\_\_\_

Final grade: \_\_\_\_\_ Semester/Quarter hours: \_\_\_\_\_

To fulfill the following requirement: \_\_\_\_\_

1. Why should this course be considered for a substitution?

Recommendation and/or comments by academic advisor (optional).

<b>Student Signature</b>	<b>Date</b>	
<b>Academic Advisor Signature</b>	<b>Date</b>	Recommend Approval
Advisor name (print) _____		Recommend Denial
Campus Zip _____ Phone # _____		
Email _____		

\_\_\_\_\_  
**Vice Provost for Undergraduate Education** **Date**

- Approve
- Deny
- Other

**Additional comments:**

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