MTSU Undergraduate Course Substitution Form

| To be accepted, please print neatly and comp | plete all portions of this | s form. | | | | | |
|--|----------------------------|---|--------|---------------|--|--|--|
| Student Name: | | | M# | MTSU E-mail: | | | |
| (Last) | (First) | (Middle) | | | | | |
| Local Mailing Address: | | | Phone: | | | | |
| (Street) | | | (City) | (State) (Zip) | | | |
| Major: | | Catalog under which you plan to graduate: | | | | | |
| Minor (if substitution applies to minor): | | Expected graduation term: | | | | | |

- If requesting a substitution only, then no need to check last two boxes.
- Check "Change Equivalency" if recommending the equivalency be changed on this student's transcript. (e.g. change PSY ELLD to PSY 1410).
- Check "Update Transfer Catalog" if recommending change to transfer course equivalency for all future students.

| Requirement | | | | | Substitution Requested | | | | | | | | | | Change Equivalency | Update Transfer | |
|---|------------|-----------|---------------|------------------|--|--------------------|---------|-----------|--------------------|-------------------------|------------------|-------------------|-------|-------------------------|--------------------------|--------------------|----------------|
| | | | | | If transfer, list other school's information which can be seen on the Transfer Evaluation Link | | | | | | | | | | on | Catalog | |
| Course Prefix | | | Sem. Hours | Course Prefix | Course Number | Course Title (MTSU | | TSU equiv | alency if transfer | Institution where taken | Sem. Hours | Semester Taken | Grade | Student's Transcript | forfuture transfers** | | |
| Ex: | | | | | | | | | | | | | | | | | _ |
| PSY | 1410 | General | Psychology | 3 | PY | 101 | Intro | to Ps | sy (PSY | ELLD) | Motlow | 3 | Fall | 08 | A | | |
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| To be accepted, the Course Substitution form must be completed in its entirety by appropriate (major/minor) advisor, and approved by the appropriate department chair, and college dean BEFORE being submitted to the Undergraduate College Graduation Coordinator. | | | | | | | | | | | | | | | | | |
| Approv | al reque | sted for: | I | Recomm | nended l | oy Advis | or (sig | natur | e) Ap | proved by C | hair (signature) | Α | pprov | ed b | y Dean | (signature |)) |
| 🗌 Majo | or / Gen I | Ed. | - | | | | | | | | | | | | | | |
| Mine | or | | Date _ | | | | | | | | | | | | | | <u> </u> |

** For the Transfer Catalog to be changed, the Chair of the Department offering the course OR the Dean of the College in which the course resides must sign.

Transfer Catalog Change Approval by Appropriate Chair or Dean: