

**SUBSTITUTION FORM
CENTRAL WASHINGTON UNIVERSITY
(Submit in Quadruplicate)**

Student Name _____ Birth Date _____
 Mailing Address _____ Student ID _____
 City, State, Zipcode _____ Date _____

The following substitutions will be accepted, if approved, on the Course of Study for the Master of _____
 degree in _____ Degree
 Specialization

1. SUBSTITUTE
 (New Course) _____
 Dept. _____ Course Number _____ Course Title _____ Qtr. Credits _____

FOR
 (Old Course) _____
 Dept. _____ Course Number _____ Course Title _____ Qtr. Credits _____

2. SUBSTITUTE
 (New Course) _____
 Dept. _____ Course Number _____ Course Title _____ Qtr. Credits _____

FOR
 (Old Course) _____
 Dept. _____ Course Number _____ Course Title _____ Qtr. Credits _____

3. SUBSTITUTE
 (New Course) _____
 Dept. _____ Course Number _____ Course Title _____ Qtr. Credits _____

FOR
 (Old Course) _____
 Dept. _____ Course Number _____ Course Title _____ Qtr. Credits _____

 Course of Study Advisor or Committee Chair Date _____ Department Chair or Designee _____ Date _____

No more than three substitutions will be processed on a Course of Study by the Graduate Studies and Research Office without the student filing a revised Course of Study for approval.

 Dean of Graduate Studies _____ Date _____