

**SUBSTITUTION FORM  
CENTRAL WASHINGTON UNIVERSITY  
(Submit original)**

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Student ID \_\_\_\_\_  
 City, State, Zipcode \_\_\_\_\_ Email \_\_\_\_\_

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

\*in the case of interdisciplinary programs, this form should be signed by the relevant Program Director or Co-Director  
 GSR: 04/10