

**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 _____ or the Graduate Certificate Program in _____
 Specialization Certificate

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: 02.2019