### SUBSTITUTION FORM

**CENTRAL WASHINGTON UNIVERSITY**

(Submit original)

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**Student Name**

**Mailing Address**

**City, State, Zipcode**

**Student ID**

**CWU 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 __________________________ Certificate

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#### 1. SUBSTITUTE (New Course)

<table>
<thead>
<tr>
<th>Dept.</th>
<th>Course Number</th>
<th>Course Title</th>
<th>Qtr. Credits</th>
</tr>
</thead>
</table>

FOR (Old Course)

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#### 3. SUBSTITUTE (New Course)

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**Course of Study Advisor or Committee Chair**

**Course of Study Advisor or Committee Chair**  **Date**

**Department Chair or Designee***

**Department Chair or Designee***  **Date**

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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.

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**Dean of Graduate Studies**

**Dean of Graduate Studies**  **Date**

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*in the case of interdisciplinary programs, this form should be signed by the relevant Program Director or Co-Director

GSR: 10.2021