



## GRADUATE COURSE SUBSTITUTION FORM

<b>Student Name</b>	
<b>UGA ID Number</b>	
<b>UGA Email Address</b>	
<b>Degree</b>	
<b>Major</b>	
<b>Major Professor*</b>	

*\*required for MS Thesis and PHD students, only*

### I AM SEEKING PERMISSION TO SUBSTITUTE THE FOLLOWING COURSE:

(Provide subject & number): \_\_\_\_\_

### IN PLACE OF (select one):

Emphasis Area Course

A required course (provide subject & number): \_\_\_\_\_

**Please attach a typed justification to this page, then obtain the following signatures:**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Major Professor\*: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

*Return this form to Margaret Sapp at [mjsapp@uga.edu](mailto:mjsapp@uga.edu) for processing.*

*Date Received by CENGR Graduate Program Office: \_\_\_\_\_*