



Graduate Course Substitution Form

Student Name	
UGA ID Number	
UGA Email Address	
Degree	
Major	
Major Professor*	

* Required for MS Thesis and PhD students only

I AM SEEKING PERMISSION TO SUBSTITUTE THE FOLLOWING COURSE:

Course number and title: _____

IN PLACE OF (select one):

- Emphasis Area Course
- A required course (course number and title): _____

Please attach a typed justification to this page, then obtain the following signatures:	
Student: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> (Name) (Signature) </div>	Date: _____
Major Professor *: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> (Name) (Signature) </div>	Date: _____
Graduate Coordinator: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> (Name) (Signature) </div>	Date: _____

Return this form to your Graduate Program Administrator.

Date Received by CENGR Graduate Program Office: _____