



**Graduate Course Substitution Form**

Student Name	
UGA ID Number	
UGA Email Address	
Degree	
Major	
Emphasis Area (if any)	
Major Professor* or Project Supervisor	

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

Course Number: \_\_\_\_\_

Course Title: \_\_\_\_\_

**IN PLACE OF (select one):**

- Emphasis Area Course
- A required course (please provide course number and course title)

Course Number: \_\_\_\_\_

Course Title: \_\_\_\_\_

**Justification**

**Please make sure to fill out the justification above, then obtain the following signatures:**

Student: _____ (Name)	_____ (Signature)	Date: _____
Major Professor *: _____ (Name)	_____ (Signature)	Date: _____
Graduate Coordinator: _____ (Name)	_____ (Signature)	Date: _____

\* For M.S. Thesis and Ph.D. students.

**Return this form to your Graduate Program Administrator.**

ECAM, EETI: Ann Marie Hormeku (ahormeku@uga.edu)

ECE, CMB: Victoria Martinez (V.Martinez@uga.edu)

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