Request for Course Substitution

Student Name______________________________________             Date    _________________

Email___________________________________          Advisor_________________________________

Major(s)__________________________________       Minor(s) ________________________________

I respectfully request that the following course substitutions be applied to the requirements for my degree completion.

<table>
<thead>
<tr>
<th>Course Completed (Dept, Crs#, Course Name)</th>
<th>Course Required (Dept, Crs#, Course Name)</th>
<th>Reason for Request</th>
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Reason Codes - CNO = Course Not Offered, #CH = Course Number Change, ROT = Rotation, TR = Transfer Class,
Other = Provide detail in notes below.

Additional Notes:

________________________________________________________________________________________
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Student Signature      Advisor Signature

Return completed form to University of the Ozarks or email to registrars@ozarks.edu.

Registrar Notes:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Chief Academic Officer Approval:________________________    CAMS/Degree Audit updated: __________

Revised 7/2022