

Course Substitution Request

Student Name: _____ GWID: _____
 GW Email: _____@gwmail.gwu.edu FR SO JR SR
 Degree: BAccy BBA BS Concentration/Major(s): _____
 GWSB Advisor: _____

Course I wish to complete or have completed _____
Department and Course Number Title

Taken At: _____ During: Spring Summer Fall Year: _____
College/University/Study Abroad

For use towards the following requirement: _____

Reason for Request:

(Explain why this substitution should be considered and use a separate sheet if additional space is needed)

Student Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE - FOR UNIVERSITY OFFICIAL USE ONLY

Department/Faculty Approval Signature and Date

Name & Department

 (Signature Indicates Approval)

 (Please Print)

Comments:

GWSB Advisor

Signature and Date _____

Approve

Deny

Comments:

Assistant/Executive Director

Signature and Date _____

Approve

Deny

Comments: