

Course Substitution Approval

Student Name _____ ID Number _____

Major _____ Major _____ Concentration (If Applicable) _____

Minor (If Applicable) _____ Minor (If Applicable) _____

While Wartburg College publishes program information and materials to assist me in planning my academic program, I am solely responsible for ensuring that my course selections fulfill all academic program requirements and comply with the policies and procedures of the institution. I fully understand the degree requirements for graduating from Wartburg and that changes in major, minor and/or degree program, transfer credit, participation in off-campus programs, etc. may affect my duration of study at Wartburg College.

Student Signature _____ Date _____

Is this a transfer course? No Yes Institution Name: _____

Wartburg Required Course Subject / Number / Title	Area Of Substitution Identify Major / Minor / Concentration	Substitution Course Taken Subject / Number / Title	Credits

Reason/Rationale for Substitution:

Academic Advisor Signature _____ Date _____

Department Chair Signature _____ Date _____

Registrar Signature _____	Date _____
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