COURSE SUBSTITUTION REQUEST

Date of Request: ______________
Student Name: ___________________________________   Student ID#: ________________________________
Email: __________________________________________   Daytime Phone: ______________________________

☐ MBA (specify concentration(s) below)   ☐ MS Accounting   ☐ MS Finance
☐ Accounting   ☐ International Business   ☐ Organizational Management
☐ Economics   ☐ Investment Management   ☐ Production and Operations Management
☐ Entrepreneurship   ☐ Management Information Systems   ☐ General Business
☐ Financial Management   ☐ Marketing

Permission is requested to make the following Course Substitution(s):

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<tr>
<th>REQUIRED COURSE</th>
<th>SUBSTITUTE COURSE</th>
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<tr>
<td>Course Code</td>
<td>Course Title</td>
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Reason for Request:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Signature of Student, Date
__________________________________________________________________________

Signature of Academic Dept. Head/ Chair, Date
__________________________________________________________________________

Signature of Academic Advisor, Date