Course Substitution Request

DISCLAIMER: Please download the form, fill out all information, SAVE the form to your computer and then submit your completed application to your Advisor or Department Chair's office.
(Failure to save the form will result in a loss of all typed information)

Eberly College of Science & Tech ~ Eberly Hall 330 ~ Phone 724/938-4169 ~ stonick@calu.edu
College of Education and Liberal Arts ~ Duda Hall 111 ~ Phone 724/938-4240 ~ lacey_m@calu.edu
School of Graduate Studies & Research ~ Dixon Hall 426 ~ Phone 724/938-4187 ~ academicrecords@calu.edu

Last Name: _____ **First Name:** _____ **CWID No:** _____

Cal U Email: _____ **Phone Number:** _____ **Major:** _____

Current Overall GPA: _____

***** All substitutions must be submitted as soon as it is known that a substitution will occur and prior to registration of approved course*****

Required Course		Substituting Course	
Course Number	Course Title	Course Number	Course Title

Departmental Justification: (must be completed by Advisor or Department Chair): _____

_____ _____
Advisor or Department Chair Signature **Date**

☐ **Approved** ☐ **Denied – Reason:** _____

_____ _____
Dean's Signature **Date**

Please forward completed, signed forms to academicrecords@calu.edu for processing.

Updated 6/24/2021