

The University of Louisiana at Monroe College of Arts and Sciences Advising Form: **Substitution in Student's Undergraduate Degree Program**

– Name – – – – – – – – – – – – – – – – – – –		Student Number	Date	
Advisor —		Major	Cumulative GPA —	
Anticipated Graduation Date ——		Catalog Year		
Substitution 1				
	for			
Reason:				
- Substitution 2				
	for			
Reason:				
Substitution 3	for			
Reason:				
Please attach a degree ch	eck sheet.			
Student's Signature and Date —				
Advisor's Signature and Date —			Approve	
- Department Head's Signature and	l Date ———		Approve	
			Disapprove	
Dean's Signature and Date			Approve	
			Disapprove	