

The University of Louisiana at Monroe  
College of Arts, Education, and Sciences

Advising Form: **Substitution Request in Student's Undergraduate Degree Program**

Name _____	CWID _____	Date _____
Advisor _____	Major _____	Minor _____
Anticipated Graduation Date _____	Catalog Year _____	Cumulative GPA _____

Substitution 1 \_\_\_\_\_  
\_\_\_\_\_ for \_\_\_\_\_  
Reason:

Substitution 2 \_\_\_\_\_  
\_\_\_\_\_ for \_\_\_\_\_  
Reason:

Substitution 3 \_\_\_\_\_  
\_\_\_\_\_ for \_\_\_\_\_  
Reason:

***Please attach a degree check sheet.***

Student's Signature and Date \_\_\_\_\_

Advisor's Signature and Date \_\_\_\_\_

- Approve
- Disapprove

Director's Signature and Date \_\_\_\_\_

- Approve
- Disapprove

Dean's Signature and Date \_\_\_\_\_

- Approve
- Disapprove