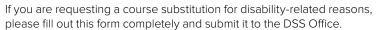
Course Substitution Request Form





STUDENT INFOR	RMATION				
Name:		Student ID:			
DigiPen Email:		Phone Number:			
Local Address:					
STUDENT'S DEG	GREE INFORMATION				
Major:			Minor:		
Advisor:					
I am requesting a s	substitution for the following course/req	uirement:			
		L. ev. e			
I am requesting the	at the following course(s) serve as the s	ubstitution:			
Have you submitte	ed documentation of disability to Disabil	ity Services? Yes		No	
	rhy you are requesting the substitution n request, relevant disability-related in k.				
OFFICE USE ON	<u>NLY</u>				
Date Received:		Received By:			
Approved	Denied				
If denied, explan					