



# COURSE SUBSTITUTION FORM

Name: \_\_\_\_\_

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Phone: \_\_\_\_\_ Email: \_\_\_\_\_@pop.belmont.edu

Classification (ex: senior): \_\_\_\_\_ Major: \_\_\_\_\_

**STUDENT SIGNATURE: X** \_\_\_\_\_

**This form will not be processed without authorized academic department approval as required below. Please do not turn this form in without these required signatures.**

➤ Substitute \_\_\_\_\_ at \_\_\_\_\_  
*Subject & Course Number (ex: BEL 1015) Title Credits Earned Institution Semester/Year*

FOR Belmont University \_\_\_\_\_  
*Course Code (ex: BEL 1015) Title Credits Earned*

➤ Substitute \_\_\_\_\_ at \_\_\_\_\_  
*Subject & Course Number (ex: BEL 1015) Title Credits Earned Institution Semester/Year*

FOR Belmont University \_\_\_\_\_  
*Course Code (ex: BEL 1015) Title Credits Earned*

➤ Substitute \_\_\_\_\_ at \_\_\_\_\_  
*Subject & Course Number (ex: BEL 1015) Title Credits Earned Institution Semester/Year*

FOR Belmont University \_\_\_\_\_  
*Course Code (ex: BEL 1015) Title Credits Earned*

Waive: \_\_\_\_\_  
(Belmont course by subject & course number (ex: BEL 1015))

Give justification for the above request to waive a requirement: \_\_\_\_\_  
\_\_\_\_\_

## THE FOLLOWING NAMES AND SIGNATURES MUST BE OBTAINED IN THE ORDER LISTED

1. **Faculty Advisor** (please PRINT): \_\_\_\_\_  
*Date*

• (please SIGN): \_\_\_\_\_

2. **Academic Department Chair** (please PRINT): \_\_\_\_\_  
*Date*

• (please SIGN): \_\_\_\_\_

Academic Department Chair's approval of the course substitution as requested above. (Ex: BEL 1015 to be approved by the Director of General Education.)

3. **Office of the Registrar**: \_\_\_\_\_  
*Date*: \_\_\_\_\_

Please return to Belmont Central in the Gabhart Student Center or via Fax: 615-460-5415 or Email: [registrar@belmont.edu](mailto:registrar@belmont.edu)  
Phone: 615-460-6619