

**Belmont University  
Course Substitution Form**

Date \_\_\_\_\_ Student's Name \_\_\_\_\_ Belmont ID

B	0	0							
---	---	---	--	--	--	--	--	--	--

Student's Signature \_\_\_\_\_ Student's Email \_\_\_\_\_@pop.belmont.edu

Classification \_\_\_\_\_ Major \_\_\_\_\_

---

The above-named student is requesting that the following change or changes be allowed in his/her program of study:

1. Substitute \_\_\_\_\_ at \_\_\_\_\_  
*(Subject & Course Number- i.e. GND 1015) (Title) (Semester Hours Credit) (Institution) (Semester/Year)*  
for Belmont University \_\_\_\_\_  
*(Subject & Course Number- i.e. GND 1015) (Title) (Semester Hours Credit)*

2. Substitute \_\_\_\_\_ at \_\_\_\_\_  
*(Subject & Course Number- i.e. GND 1015) (Title) (Semester Hours Credit) (Institution) (Semester/Year)*  
for Belmont University \_\_\_\_\_  
*(Subject & Course Number- i.e. GND 1015) (Title) (Semester Hours Credit)*

3. Substitute \_\_\_\_\_ at \_\_\_\_\_  
*(Subject & Course Number- i.e. GND 1015) (Title) (Semester Hours Credit) (Institution) (Semester/Year)*  
for Belmont University \_\_\_\_\_  
*(Subject & Course Number- i.e. GND 1015) (Title) (Semester Hours Credit)*

4. Substitute \_\_\_\_\_ at \_\_\_\_\_  
*(Subject & Course Number- i.e. GND 1015) (Title) (Semester Hours Credit) (Institution) (Semester/Year)*  
for Belmont University \_\_\_\_\_  
*(Subject & Course Number- i.e. GND 1015) (Title) (Semester Hours Credit)*

Waive \_\_\_\_\_  
*(Belmont Courses by Subject, Number and Title- i.e. GND 1015)*

Give justification for the above request \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**THE FOLLOWING SIGNATURES MUST BE OBTAINED IN THE ORDER LISTED:**

\_\_\_\_\_  
*Faculty Advisor* *Date*

\_\_\_\_\_  
*Department Chair (in which substitution is required) or Director of General Education* *Date*

\_\_\_\_\_  
*Registrar Office* *Date*