COURSE SUBSTITUTION FORM

Name: ___________________________  BUID:  B 0 0  ____________

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.

<table>
<thead>
<tr>
<th>Substitute</th>
<th>Subject &amp; Course Number (ex: BEL 1015)</th>
<th>Title</th>
<th>Credits Earned</th>
<th>Institution</th>
<th>Semester/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOR Belmont University</td>
<td>Course Code (ex: BEL 1015)</td>
<td>Title</td>
<td>Credits Earned</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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):** __________________________________________
   • (please SIGN): __________________________________________  Date

2. **Academic Department Chair (please PRINT):** __________________________________________
   • (please SIGN): __________________________________________  Date
   
   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

Phone: 615-460-5619

Revised October 2018