



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
Phone: 615-460-6619