



# Course Substitution

## Records Office

1435 N Glenstone Ave • Springfield MO 65802

Phone (417) 268-1025 • Fax (417) 268-1030

[records@agts.edu](mailto:records@agts.edu)

Student Name \_\_\_\_\_ Student Number \_\_\_\_\_

Degree program \_\_\_\_\_

Required course \_\_\_\_\_

Substituted course \_\_\_\_\_

Reason/Comment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sign form and obtain advisor's approval before submitting to Records Office**

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor signature \_\_\_\_\_ Date \_\_\_\_\_

**To be processed by Records Office**

Registrar \_\_\_\_\_ Date \_\_\_\_\_

Academic Dean \_\_\_\_\_ Date \_\_\_\_\_

Processed by \_\_\_\_\_

Date \_\_\_\_\_