

# Request for Substitution of Graduate Credit

School of Graduate Studies & Research, Edinboro University of PA, Edinboro, PA 16444  
(This form can be routed via email)

**PLEASE NOTE:** (1) Substitution requests should be made prior to enrolling in the substitute class; (2) Substitution requests must be made prior to the semester in which the student graduates.

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

Student ID: @ \_\_\_\_\_ Advisor's Name: \_\_\_\_\_

**Course to be taken:**

Course number: \_\_\_\_\_

Course title: \_\_\_\_\_

Total credit hours: \_\_\_\_\_

Term course is to be taken: \_\_\_\_\_

**Course to be substituted for:**

Course number: \_\_\_\_\_

Course title: \_\_\_\_\_

Total credit hours: \_\_\_\_\_

• **JUSTIFICATION (REQUIRED):**

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

*Do not write below this line - Official Use Only*

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\_\_\_ Approve \_\_\_ Disapprove \_\_\_\_\_  
Graduate Program Head Date

\_\_\_ Approve \_\_\_ Disapprove \_\_\_\_\_  
Academic Dean Date

\_\_\_ Approve \_\_\_ Disapprove \_\_\_\_\_  
Graduate Dean Date

\_\_\_ Posted \_\_\_\_\_  
School of Graduate Studies & Research Date

**RETURN ORIGINAL FORM TO THE GRADUATE OFFICE**