



GRADUATE STUDENT

COURSE SUBSTITUTION FORM

Revised: 09/2019

Failure to submit and receive approval of this form for a course substitution may result in a delay in graduation.

Name: _____ UMID: _____
Degree: _____ Program: _____ Advisor: _____
Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: _____ Altern. Phone: _____ E-mail: _____

CHECK THE APPROPRIATE BOX:

I wish to enroll in an alternate course at the University of Miami to apply it toward my program of study. I am attaching a bulletin description the the course(s) I wish to take.

I have taken a course at a university other than the University of Miami, which I wish to apply toward my program of study at UM. I have already completed a TRANSFER OF CREDIT form, had my transcript sent to UM (copy attached), and have received department approval prior to taking this course. I am attaching a bulletin description of the course(s) referenced

I am currently enrolled in a program at the University of Miami and wish to enroll in a course from another university that will apply toward my program of study at UM. I am attaching a bulletin description of the course(s) I wish to take.

I WOULD LIKE TO TAKE/HAVE TAKEN:

Department and Course Number: _____ University: _____
Title: _____

TO BE SUBSTITUTED FOR:

Department and Course Number: _____ University: _____
Title: _____

REASON FOR SUBSTITUTION:

Semester Taken: _____ Student Signature: _____
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|------------------|-------|------------|----------|-------------|
| _____ | _____ | Recommend: | Approval | Disapproval |
| Program Advisor | Date | | | |
| _____ | _____ | Recommend: | Approval | Disapproval |
| Department Chair | Date | | | |
| _____ | _____ | Recommend: | Approval | Disapproval |
| Program Manager | Date | | | |