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Texas Woman's University
Office of the Registrar

Graduate Degree Plan Substitution

Part A

STUDENT ID: _____ NAME (PRINT):_____, _____
LAST FIRST MI

Phone number: _____ TWU E-mail: _____

Degree: _____ Major: _____Track / Emphasis: _____

☐ Doctoral ☐ Masters ☐ Certificate

Course Substitutions

Replace course: _____**With course:** _____Hours: _____

Term Taken: _____ Prerequisite to other courses: ☐ Y / ☐ N (If yes, complete part B)

Replace course: _____**With course:** _____Hours: _____

Term Taken: _____ Prerequisite to other courses: ☐ Y / ☐ N (If yes, complete part B)

Replace course: _____**With course:** _____Hours: _____

Term Taken: _____ Prerequisite to other courses: ☐ Y / ☐ N (If yes, complete part B)

Replace course: _____**With course:** _____Hours: _____

Term Taken: _____ Prerequisite to other courses: ☐ Y / ☐ N (If yes, complete part B)

Replace course: _____**With course:** _____Hours: _____

Term Taken: _____ Prerequisite to other courses: ☐ Y / ☐ N (If yes, complete part B)

Additional Electives Options

Add Elective course(s): _____

_____

Department: _____ Date: _____

Academic Advisor or Department Chair: _____

In lieu of signature, please save as PDF and e-mail from your TWU e-mail account to act as your authorizing signature.

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Office of the Registrar

Graduate Degree Plan Substitution

Part B

STUDENT ID: _____

NAME:_____, _____ _____
LAST FIRST MI

Pre-requisite course: _____

Courses requiring pre-requisite: _____

_____

Pre-requisite course: _____

Courses requiring pre-requisite: _____

_____

Pre-requisite course: _____

Courses requiring pre-requisite: _____

_____

Pre-requisite course: _____

Courses requiring pre-requisite: _____

_____