

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)

Additional Electives Options

Add Elective course(s): _____

Comments: _____

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.

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: _____
