



FLAGLER COLLEGE

Course Substitution Request

Return to the Office of the Registrar

IN PERSON: 2nd floor, Ringhaver Student Center
MAIL TO: 74 King Street, St. Augustine, FL 32084
EMAIL: registrar@flagler.edu

Student Information

_____ full name _____ student ID

Request

Please indicate which section of your advising worksheet you are requesting the alteration for:

_____ major/ concentration/minor _____ section of advising worksheet

Requirement			Substitution		
Prefix	Code	Title	Prefix	Code	Title

Reason(s) substitution is requested:

_____ student signature _____ date _____ anticipated graduation date

Program Director, Coordinator, or Department Chair Approval

This request has been **approved** / **denied**. (circle one)

_____ signature _____ title _____ date

FOR OFFICE USE ONLY

Original: Office of the Registrar - Permanent File Form Processed Date: _____
Copy: Student, Advisor Initials: _____