



FLAGLER COLLEGE

Course Substitution Request

Return to the Office of the Registrar

IN PERSON: 1st floor, Seavey Cottage (20 Valencia Street) 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 |
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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: _____