

TENNESSEE TECHNOLOGICAL UNIVERSITY
GRADUATE SCHOOL

SUBSTITUTION FORM

Name _____
Last
First
Middle

Address _____
Street
City, State, Zip

Course(s) to be Deleted				Course(s) to be Added			
Dept.	Crs. No.	Course Title	Sem. Hrs.	Dept.	Crs. No.	Course Title	Sem. Hrs.

Reason for Request: _____

Date: _____ Student's Signature _____

APPROVED: Student ID/ "T" No. _____

Graduate Advisory Committee: Major _____ Degree _____

_____, Chairperson _____ date

_____, Member _____ date

_____, Member _____ date

_____, Member _____ date

_____, Member _____ date

_____, Member _____ date

Departmental Chairperson _____ Date _____

Dean of College _____ Date _____

(Program Director if Student is in the Ph.D. Program)

Coordinator of Graduate Studies _____ Date _____