COURSE SUBSTITUTION/EXEMPTION FORM
(Please print in ink)

Please allow ________________________________
Course name, number, # of units (attach a course description)
to fulfill the requirement(s) for: ________________________________
Course name, number

For: ____________________________________________
Student Last Name, First Name, Andrew ID, Class

Explanation:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student Signature: ____________________________ Date: _______________

Attach Course Description and please submit to:
Carol S. Young
Senior Academic Advisor
Information Systems Program
Dietrich College of Humanities and Social Sciences
Porter Hall 222F
caroly@cmu.edu

☐ Approved
☐ Not approved

Department Signature, Date

Academic Audit Updated: __________ Date: __________