

College of Liberal Studies (CLS)

Course Substitution Request Form

Instructions: After completing this form, obtain signature from the chair of the department in which you want the course to count.

Return this form to: **CLS Academic Services Office, 260 Morris Hall, UW-La Crosse**

Student's Printed Name:

Date:

Student's Signature:

Campus ID#:

Major(s):

/

Minor(s):

/

I request approval to count the following course:

Dept./Course#/Title/Credit

As a substitute for this course (if applicable):

Dept./Course#/Title/Credit

OR to fulfill a requirement in (select at least one):

Major _____

Minor _____

General Education: _____
(Category)

Other: _____
(Category)

Department Chair Signature	Date:
CLS Academic Services Approval:	Date: