

PRAIRIE VIEW A&M UNIVERSITY  
OFFICE OF THE REGISTRAR

## SUBSTITUTION/TARGET ELECTIVE FORM

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

**Only fill in action being taken:**

Major: \_\_\_\_\_

Minor: \_\_\_\_\_

I hereby request permission for one of the following actions:

### ***SUBSTITUTION***

	Course No.	Descriptive Title	Credit Hours	Reason (choose from list below)	For Office Use Only Requirement Pointer for use with 2 for 1 substitutions
Required Course					
Substitution Course					
Substitution Course					

**Codes to be used for reason above:**

<b>AC</b>	More advanced course	<b>DH</b>	Degree Hours
<b>CC</b>	Course Cancelled	<b>EP</b>	Exempted Pseudo Course
<b>CD</b>	Course Discontinued	<b>NE</b>	No Equivalent for A Transfer Course
<b>CH</b>	Core Hours	<b>NO</b>	Course Not Offered
<b>CP</b>	Completed Pseudo Courses	<b>SC</b>	Similar Course Content
<b>Other</b> (Provide justification)			

***TARGET COURSES*** (to be used to meet elective, targeted elective, technical or other requirements when a substitution is not applicable):

Course No.	Descriptive Title	Credit Hours	Catalog Requirement (i.e. core, major, college, minor)	For Office Use Only Requirement Pointer

Justification: \_\_\_\_\_

Student  
Signature: \_\_\_\_\_

Advisor  
Signature: \_\_\_\_\_

### **APPROVALS:**

**Dept. Head:** \_\_\_\_\_  
Print Name Signature Date

**\*Dean:** \_\_\_\_\_  
Print Name Signature Date

(Actions for the minor require approvals from both the major and minor department heads.)

**Dept. Head:** \_\_\_\_\_  
Print Name Signature Date

\*The Dean has the authority to be the sole approval for processing this form when the student and Department Head are not available.

### **REGISTRAR'S OFFICE USE ONLY:**

**Recorder:** \_\_\_\_\_  
Signature

\_\_\_\_\_ Date