

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 <small>(choose from list below)</small>	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:

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