



SUBSTITUTION/DIRECTED ELECTIVE FORM

OFFICE OF THE REGISTRAR
Prairie View A&M University
Prairie View, Texas 77446

Student Name : _____ Student ID Number : _____

Only fill in action being taken :

Major : _____ Minor : _____

I hereby request permission for one of the following action :

SUBSTITUTION

	Course No.	Descriptive Title	Credit Hours	Reason (Chose 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 :

AC	More Advance 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)			

DIRECTED COURSES (to be used to meet elective, directed 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 _____ Date _____ Advisor Signature _____ Date _____

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 : _____ **Date :** _____
Signature _____