



SUL ROSS STATE UNIVERSITY – RIO GRANDE COLLEGE

**REQUEST TO MAKE COURSE SUBSTITUTION TO
OFFICIAL DEGREE PLAN**

Graduate/Undergraduate Student

NAME: _____ BANNER ID: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

E-MAIL: _____

PHONE: _____ CELL: _____

ORIGINAL DEGREE PLAN DATE: _____

COURSE(S) ON ORIGINAL DEGREE PLAN			COURSE(S) TO BE SUBSTITUTED		
Prefix	Number	Title	Prefix	Number	Title

REASON(S) FOR CHANGE(S): _____

Approved _____ Disapproved* _____

Faculty Advisor Date

Approved _____ Disapproved* _____

Department Chair Date

Approved _____ Disapproved* _____

Dean Date

*Reason for Disapproval: _____

Send signed copy to Faculty Advisor, Department Chair and Admissions and Records