



**TENNESSEE TECH
COLLEGE OF GRADUATE STUDIES
SUBSTITUTION FORM**

Student's Name _____

Course(s) to be <i>Deleted</i>				Course(s) to be <i>Added</i>			
Dept.	Crs. No.	Course Title	Sem. Hrs.	Dept.	Crs. No.	Course Title	Sem. Hrs.

Reason for Request: _____

Date: _____

Student's Signature _____

APPROVED:

Student ID/ "T" No. _____

Graduate Advisory Commi(o)64()te_

Da_

Date: _____, tuDr20

Date: _____, tuDr20

Date: _____, tuDr20

Date: _____, tuDr20