



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

HANDWRITTEN FORMS WILL NOT BE ACCEPTED

Student's Name \_\_\_\_\_ T# \_\_\_\_\_

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

Reason for Request: \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_ Student's Signature \_\_\_\_\_  
**APPROVED:** Student's email \_\_\_\_\_@students.tntech.edu  
 Graduate Advisory Committee: Major \_\_\_\_\_ Degree \_\_\_\_\_

Check below if  
College of Education  
licensure program

\_\_\_\_\_, Chairperson \_\_\_\_\_ date  
 \_\_\_\_\_, Member \_\_\_\_\_ date  
 \_\_\_\_\_, Member \_\_\_\_\_ date  
 \_\_\_\_\_, Member \_\_\_\_\_ date  
 \_\_\_\_\_, Member \_\_\_\_\_ date  
 \_\_\_\_\_, Member \_\_\_\_\_ date

Departmental Chairperson \_\_\_\_\_ Date \_\_\_\_\_

Dean of College \_\_\_\_\_ Date \_\_\_\_\_

(Program Director if Student is in the Ph.D. Program)

College of Graduate Studies Designee \_\_\_\_\_ Date \_\_\_\_\_