



Request for Course Substitution

Office of the Registrar

P. O. Box 7001
 Longview, TX 75607-7001
 903-233-4370
 Fax: 903-233-4303
 registrar@letu.edu
 www.letu.edu/registrar

Online students complete Parts I-III and email to AcademicAdvisorSupport@letu.edu
Residential students complete Parts I-III, print and follow instructions for Part IV

Part I—To be completed by student, along with Parts II and III

Name: _____ ID#: _____ Date: _____

Check Degree Sought: B.A. B.S. A.S. GRAD Other: _____

Planned Graduation Date: _____ Major: _____ Minor: _____

Daytime Phone: _____ LETU Email: _____

Part II—Course(s) Specified in Curriculum			Course(s) I Desire to Substitute		
Course Number	Title	Credit Hours	Course Number	Title	Credit Hours
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Part III—Reason for Deviation

If filling out online, please fill the following fields:

Last four digits of SSN: _____ Date of Birth (mm/dd/yyyy): _____ Date: _____

If filling out in person, please sign here: _____ Date: _____

Part IV—Approvals—Student, present this form for approval to the persons listed below.

Signature of Faculty Advisor: _____ Print Name: _____ Date: _____

Signature of Department Chair (major): _____ Print Name: _____ Date: _____

Department Chair (Teacher Education--For Education Students only) _____ Date: _____

Signature of Department Chair (for courses outside of major): _____ Date: _____

Printed Name of of Department Chair (for courses outside of major): _____ Date: _____

University Registrar: _____ Date: _____

Recorded by: _____ Date: _____