### Degree Audit Substitution

To request permission to substitute a course fill out this form and consult with your adviser as well as the Director of Undergraduate/Graduate Studies. Once you have obtained those signatures, return the completed form to the Office of Records and Registration and you will be notified of approval.

**Substitutions must be approved prior to the close of registration for the semester.**

#### Request to substitute ______________________ for ______________________

<table>
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<tr>
<th>Course Number &amp; Title</th>
<th>Course Number &amp; Title</th>
<th>Requirement</th>
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**Rationale:**

__________________________________________________________________________________________________________

Student’s Name & Signature

Adviser’s Name & Signature

**Adviser:** Approved ___ Denied ___ Date __________

Director of Undergraduate or Graduate Studies’ Name & Signature

**DUS/DGS:** Approved ___ Denied ___ Review Requested: ___ Date __________

Chair, Undergraduate Administrative Committee’s Name & Signature

**UAC:** Approved ___ Denied ___ Date __________

Peabody Registrar’s Name & Signature

Date