Grad/Professional Degree Audit Substitution

Please return to:
The Office of Academic Services
215 Peabody Administration Building
Phone: (615) 322-8400
Hours: Monday-Friday 7:30am-4:30 pm
Web: peabody.vanderbilt.edu/admin-offices/oas/index.php

Student Information (PRINT CLEARLY; all fields required):

Full Name: ____________________________ Student ID # (e.g. 000162030) ________________
Degree: M.Ed.____ M.P.P.____ Ed.D____ Ph.D.____ non-degree seeking ______
***Undergraduate students should use the Undergraduate version of this form, found on our website***

Anticipated Date of Graduation: Aug____ Dec___ May___ (year) 20_____
Department: ____________________________ Program/Track: __________________________
Email Address: ___________________________@vanderbilt.edu

This form is not to be used to have transfer courses evaluated for credit. Please use this form only to move courses from one section of one’s degree audit to another.

I am requesting that _____________________________________________
Course Number & Title

be counted as ____________________________________________________.
Degree Requirement (ex: program core requirement, track elective, etc.)

Have you taken this class already?: ☐ YES, taken during ____________ ☐ NO, will take it during ____________
(semester and year) (semester and year)

Rationale for request (continue on back if needed):

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Student’s Signature and Date

☐ Approved ☐ Denied ☐ Review Requested
Advisor’s Name & Signature _______________________________ Date ______________

☐ Approved ☐ Denied ☐ Review Requested
Program Director’s Name & Signature _______________________________ Date ______________

Office Use Only:

☐ Approved ☐ Denied ☐ Review Requested

OAS Signature _______________________________ Date ______________

Sent to URO on: