Undergraduate 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) _______________________

Classification: Freshman___ Sophomore___ Junior___ Senior___

***Professional/Graduate students should use the Graduate version of this form, found on our website***

Anticipated Date of Graduation: Aug___ Dec___ May___ (year) 20_____

Major(s): ____________________________ Major Track(s), if applicable: __________________________

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

Degree Requirement (ex: communications requirement, track elective, etc.)

Have you taken this class already?: □ YES, taken during ___________________ □ NO, will take it during ___________________

(semester and year) (semester and year)

Did you/will you take this course while studying abroad?: □ YES □ NO

Rationale for request (continue on back if needed):

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Student’s Signature and Date ____________________________

□ Approved □ Denied □ Review Requested

Director of Undergraduate Studies’ Name & Signature

This will be the Director of the department in which you are seeking the substitution. Ex: If you are requesting that an HOD course count as a Special Ed requirement, you will seek the signature of the DUS of Special Ed.

Teaching and Learning students pursuing teacher licensure majors must also obtain approval from the program director for their licensure area:

Program Director’s Name & Signature

□ Approved □ Denied □ Review Requested

Office Use Only:

□ Approved □ Denied

Chair, Undergraduate Administrative Committee’s Name & Signature Date

OAS Signature Date

Sent to URO on: