## Department of Art Request for Course Substitution

Student Information



Advisor Information

Name:				Advisor Name:						
PSU ID:				Department:						
Major/Minor:				Advisor Phone:						
Email:				Advisor Email:						
Phone:										
within Pittsbu	REQUIREMENTS CAN arg State University. Sha lines provided by the COURSE SUBSTITUTIONS	ould students v Registrar's Offi	wish to sub							
Required Course				Proposed Substitution/Requirement to be fulfilled						
Course Course Prefix Number		Credit Hours	Course Prefix	Course Number	Course Title	Credit Hours	Term Taken	Grade In Course	Chair Approval	

## REQUESTED COURSE WAIVER:

Course Prefix	Course Number	Course Title	Area/Category listed on major/minor	Credit Hours	Justification for Waiver

Recommended by Advisor (signature)	Approved by Chair (signature)