

REQUEST FOR COURSE SUBSTITUTION

MEMO TO: Associate Dean

Date: _____

FROM: _____
Advisor

This is to request the following substitution(s) for _____ (_____)
Student's Name UH ID #
in the _____ curriculum.
Student's Major

A. University Core Course

For

UHM Equivalent

Comments

For

For

B. College Core Course

For

UHM Equivalent

Comments

For

For

C. Major Requirements Course

For

UHM Equivalent

Comments

For

For

Note: Please attach course description, course syllabi or any other document to support the substitution.

Approved

Not Approved

Associate Dean