Fill in the necessary information in the boxes provided*
Save a copy to your computer for your records
Print form and obtain the required signatures
Submit completed form to the Registrar's Office
*form will NOT be submitted online

GUSTAVUS
GUSTAVUS ADOLPHUS COLLEGE

MAJOR/MINOR COURSE SUBSTITUTION FORM

Name: _____ _____ ____ ID#: _____
Last First MI

Substitution request for: _____ or _____
Major Minor

Intended Year of Graduation: 20____

MAJOR/MINOR REQUIREMENT(S) TO BE CHANGED OR WAIVED: **(include Course Number & Title)**		MAJOR/MINOR CHANGE(S) OR SUBSTITUTION(S): **(include Course Number & Title, Institution & Term enrolled)**
	to	
	to	
	to	

_____ _____
Major Advisor Signature (req'd for major substitutions only) Date

_____ _____
Dept. Chairperson Signature Date

RETURN TO OFFICE OF THE REGISTRAR