

SUBSTITUTION FORM

Student Name: _____ Student ID: _____

Catalog Year: _____ Plan (major): _____ Concentration (if applicable): _____

RG #	RQ #	Course/s needed	Course/s to be used instead

*Catalog year, RG (requirement group), and RQ (requirement) can be found on the student’s Academic Requirements report in Student Admin.

*After obtaining advisor and dept. head signature, students should submit this form to CAHNR/RHSA Academic Programs Office (CAHNRAcademics@uconn.edu).

*Students should check their Academic Requirements report 2-3 weeks after submitting this form to confirm the substitution has been processed.

Note that substitutions involving courses that are currently in progress will not be processed until a final grade is recorded.

Advisor: _____ Date: _____ Dean: _____ Date: _____

Dept. Head: _____ Date: _____ Provost’s Office: _____ Date: _____