

**WASHINGTON STATE UNIVERSITY  
TRANSFER COURSE SUBSTITUTION REQUEST**

*Requests should be submitted no later than a semester prior to graduation*

**Routing for Signatures**

**Please include with all requests:**

- 1. Current Degree Audit**
- 2. Copies of all transcripts and Transfer Credit Report**
- 3. Course descriptions and/or syllabi for all substitutions**

1. Student
2. Academic Advisor/Coordinator
3. Office of Undergraduate Education  
*zip 4519, CUE 403, 335-5699*

NAME: \_\_\_\_\_ EXPECTED GRADUATION DATE: \_\_\_\_\_

WSU ID #: \_\_\_\_\_ MAJOR: \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_ WSU E-MAIL ADDRESS FOR CORRESPONDENCE: \_\_\_\_\_

\_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

I request to **substitute** (course and course number): \_\_\_\_\_

From (college or university): \_\_\_\_\_

Final grade: \_\_\_\_\_ Semester/Quarter hours: \_\_\_\_\_

To fulfill the following requirement: \_\_\_\_\_

1. Why should this course be considered for a substitution?

Recommendation and/or comments by academic advisor.

\_\_\_\_\_  
**Student Signature** **Date**

\_\_\_\_\_  
**Academic Advisor Signature** **Date**

Advisor name (print) \_\_\_\_\_

Campus Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_

Recommend Approval

Recommend Denial

\_\_\_\_\_  
**Vice Provost for Undergraduate Education** **Date**

Approve

Deny

Other

**Additional comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_