



Departmental Honors Substitution Form

Student's Name: _____ CUID# _____
(Last Name) (First Name) (MI)

Major: _____ Expected date of graduation: _____

Required Course Abbreviation and Number	Substituted Course Abbreviation and Number	Hours Earned
		Total =

Signatures: _____ Date _____
Student

_____ Date _____
Faculty Advisor or Department Head

_____ Date _____
Honors College staff