

**OFFICE OF THE DEAN OF ADMISSIONS AND RECORDS
UNIVERSITY OF TENNESSEE**

Student: _____
ID #: _____
College: EHHS
Classification: _____
Cumulative GPA: _____

Catalog (year): _____
Major & Conc.: _____
Minor: _____
Intended Graduation Date: _____
Email Address: _____
Phone Number: _____

To the Committee on Degrees:

I wish to make the following substitution(s) or request(s):

Reason(s) for the above substitution request:

- _____ Change of course number
- _____ Unable to schedule the required course
- _____ Similar course content
- _____ Acceptable transfer credit*
- _____ Other (explain) _____

Advisor use only:

Is this a milestone course?

☐

Yes

☐

No

Approved: _____
Faculty Advisor

Date: _____

Approved: _____
Department Head or Designee

Date: _____

Approved: _____
Dean of College or Designee

Date: _____

Approved: _____
Registrar

Date: _____

* For transfer work, use UT course number or LD/UD designation from academic history. Do not use a course number from another institution.