Florida Institute of Technology

REQUEST FOR UNDERGRADUATE COURSE SUBSTITUTION AND ELECTIVE APPROVAL

Please fill out online and print. Melbourne campus students obtain required signatures and submit to the Office of the Registrar. University Alliance students fax to (321) 674-8216.

DATE _____

NAME _____ STUDENT ID NO. _____

Last *First*

MAJOR CODE _____

ACADEMIC UNIT _____ DEGREE PROGRAM _____ MINOR CODE _____

COURSE SUBSTITUTIONS

NEW COURSE NUMBER AND TITLE	QTR/SEM CREDITS		OLD COURSE NUMBER AND TITLE	QTR/SEM CREDITS
		FOR		

JUSTIFICATION

NEW COURSE NUMBER AND TITLE	QTR/SEM CREDITS		OLD COURSE NUMBER AND TITLE	QTR/SEM CREDITS
		FOR		

JUSTIFICATION

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		FOR		

JUSTIFICATION

ELECTIVE APPROVAL

ELECTIVE REQUIREMENT *Please specify: Free, Liberal Arts, Humanities, Social Science, Restricted, Technical, Design, etc.*	QTR/SEM CREDITS	COURSE NUMBER AND TITLE	QTR/SEM CREDITS

Academic Major Adviser _____ *Date* _____

Academic Minor Adviser _____ *Date* _____

Academic Unit Head _____ *Date* _____

Florida Institute of Technology • Office of the Registrar

150 West University Boulevard, Melbourne, FL 32901-6975 • (321) 674-8116 • Fax (321) 674-7827