

**College of Arts & Sciences**  
**Department of Family & Consumer Sciences**  
**Course Substitution Form**

**Name:** \_\_\_\_\_

**Major:** \_\_\_\_\_

**Concentration:** \_\_\_\_\_

**Course Needed: (College Catalog / Year / Page)**

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**Course Substituted: (College Catalog / Year / Page)**

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**Course Justification**

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

Advisor Signature: \_\_\_\_\_ Date \_\_\_\_\_

FCS Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

Department's Head's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Dean Signature \_\_\_\_\_ Date \_\_\_\_\_