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### Course Substitution Form

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S U R J U B P X L U S U B M I T T I S F O R M T O W K H D G X D I W F H ) R U P V 6 X E P L V V L R Q / L Q N D  
Z L O O S U R F H V V Y O W W I R E B E N L A D E N A W K R S W R I W K H I L Q D O C E S S E D . S H U Z R U N

First Name:

Last Name:

Program:

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Faculty Advisor:

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(Course Name & Number)

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to be substituted Z L W K

(Course Name and Number)

For Department Use Only :

Faculty Advisor Signature

Date

Associate Dean of Graduate Student Services Signature

Date

Approve

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