

College of Natural & Applied Science 3007 N. Ben Wilson, Victoria, TX 77901 CNASAdvisors@uhv.edu

## **Degree Plan Substitution**

Instructions: This form is to be attached to the degree plan if it is being used to justify program substitutions requested at the time of degree plan completion. If the request for a substitution occurs after degree plan validation, this form should be processed in the same manner as the original degree plan. The information in the student info section must agree exactly with that on the degree plan being changed or justified. Please **print** clearly.

STUDENT INFO		
Name:		Student ID#:
Degree:	C	atalog Year:
Concentrati	on:	

COURSE INFO		
Course Taken:		Course Substituted:
Transferring Instituti	ion:	

COURSE INFO		
Course Taken:	Course Substituted:	
Transferring Instituti	on:	
Justification:		

COURSE INFO		
Course Taken:	Course Substituted:	
Transferring Institution	n:	
Justification:		

COURSE INFO		
Course Taken:	Co	ourse Substituted:
Transferring Institut	ion:	
Justification:		

Student	Date	Academic Advisor	Date
Dean of School	Date	Division Chair	Date
Institutional Validation	Date	Program Advisor	Date