



COLLEGE OF HUMAN SCIENCES
DEPARTMENT OF HUMAN DEVELOPMENT & FAMILY STUDIES
203 SPIDLE HALL
TELEPHONE: (334) 844-4151
FAX: (334) 844-4515

COURSE SUBSTITUTION REQUEST FORM

Student Name: _____ ID Number: _____

Check One:

Undergraduate ___ FR ___ SO ___ JR ___ SR Major: _____

It is requested that the following course substitution(s) be made:

<u>Substitution</u> (Course you took) List course prefix, number and description (example: HDFS 4670 - Parent Education)	<u>For</u> List course prefix, number, and description	<u>Justification</u>

Approved by:

Advisor

Date

Department Head

Date

Dean of Academic Affairs

Date

To be completed in duplicate: One Copy for advisor One copy for Student's permanent file

* Use this form to request approval for substituting Auburn University courses for REQUIRED courses on your program list.