COURSE SUBSTITUTION REQUEST FORM

DEPARTMENT *of* CITY *and* REGIONAL PLANNING

*Please return to **Student Services Staff** after <u>ALL</u> signatures have been collected.*
*Form will be attached to the **MCRP Record of Degree Requirements**.*

_____   _____   _____
Student Last Name   *Student First Name*   *PID*

_____
Specialization

REQUIRED COURSE		
	Course Number	*Course Title*
SUBSTITUTE COURSE		
	Course Number	*Course Title*
	Instructor	*Semester and Year*
	Grade	*Credit Hours*

REASON FOR REQUEST

_____   _____
Student email   *Date*

I certify that the information above is true and accurate

_____
Faculty Advisor or Spezialization Director Name

Approved

Denied

_____   _____
MCRP Director Name   Date

Approved

Denied