THE MOMENT OF DISCOVERY
EUREKA COLLEGE

APPLICATION FOR COURSE SUBSTITUTION

NAME: _____
LAST FIRST MIDDLE

SONIS ID: _____

CATALOG YEAR: _____ MAJOR: _____

MAJOR 2: _____ MINOR: _____

COURSE REQUIREMENT TO BE REPLACED:

_____
COURSE ID TITLE CREDITS

COURSE TO BE SUBSTITUTED:

_____
COURSE ID TITLE CREDITS

RATIONALE:

REQUIRED SIGNATURES:

Student: _____ Date: _____

Advisor: _____ Date: _____

Faculty in Major: _____ Date: _____

Division Chair: _____ Date: _____

Records Office: _____ Date: _____