

Course Substitution Application

The University of New England | Office of the Registrar 11 Hills Beach Road (Decary Hall, 114) Biddeford, ME 04005 Phone: (207) 602-2473 | Fax: (207) 602-5927 | Registrar@une.edu

APPLICATION PROCESS AND POLICY

- This form should be used to substitute a required course for another course not listed as a requirement for the student's major or minor.
- Please note forms with missing information will be returned to the department and will delay the updating of the student's record.
- Course substitution forms will apply to a student's Degree Audit but **will not** meet prerequisite requirements for registration. If applicable, students will need to complete a Registration Restriction Override form.

STUDEN	IT INFORM	ATION							
Last Name: Email:			Fir	First Name:		PRN:			
				Catal	og Year:	Anticipated Graduation Date:			
			Minor (If Applicable):						
Advis	or:								
SECTIO	NI: COUR	SE INFORMATION							
Course Requirement				Course Substitution					
Course Prefix	Course Number	Course Title	Credits	Course Prefix	Course Number	Course Title	Credits	Semester Taken	Area
MAT	120	Statistics	3	MAT	190	Calculus I	3	Fall 2023	■ Core □ Major □ Minor
									□ Core □ Major
									□ Minor □ Core
									□ Major
									□ Minor □ Core
									□ Major □ Minor
									□ Core
									□ Major □ Minor
									□ Core □ Major
									□ Minor
Reaso	on:								
Has tl	nis adjustme	ent been discussed with	the student	/advisee?	□ Yes □] No			
SECTIO	N II: APPR	OVAL (Font signature NOT	accepted)						
Acade	emic Adviso	r's Signature:				oved \square Denied	Date:		_
Dept. Chair/Program Director's Signature:						oved Denied	Date:		