Course Substitution Form

This form is to be used before you need to make an update or change to your certification form if the certification form has already been approved by your committee. If you have any questions or problems, please contact the Graduate Program Manager, Emily Laabs (emlaabs@wisc.edu). **Insert a picture of your signature.

Student:			Campus ID:	Date:			
	Dept & Course #	Course Title	e Institut	ion	Term	Credits	Grade
New course							
Old course							
					Term		
	Dept & Course #	Course Title	e Institut	Institution		Credits	Grade
New course							
Old course							
	Dept & Course #	Course Title	e Institut	ion	Term	Credits	Grade
New course							
Old course							
Approval Signatu	ıres (in agreem	ent with comm	ittee members)			•	
		Name			Signature		Date
Major Advisor							
Academic Affairs or							
Curriculum Com	ımittee						
Chair:							
CC Faculty Member 1							
(Plant Path Only):							
							+
CC Faculty Mem	iber 2						

Updated: Spring 2023