

Request for Course Substitution

Submit to: contactcas@bgsu.edu

BGSU COLLEGE OF **Arts and Sciences**
BOWLING GREEN STATE UNIVERSITY
374 Central Hall
Bowling Green, OH 43403
419-372-2015

Date: _____

To: College of Arts & Sciences

From: _____
Faculty Mentor's Name Department/School/Program

Student's Name BGSU ID # Student's College/Major

Subject & Catalog Number

EX: ARTH 1xxx01=ARTH 1450

Action/Reason

Course taken at another institution is equivalent to our ARTH 1450

Faculty Signature Date

Chair/School/Program's Signature Date

College Office Use Only

Approved

Denied

Dean/Designate Signature Date

3/20 dg