

**DEPARTMENT COURSE
SUBSTITUTION FORM**

*Use this form when requesting a departmental
substitution for a required major or area of
specialization course.*

NAME _____

UF ID # _____

CLASS/COLLEGE/MAJOR (e.g. 3BA/FIN) _____

TELEPHONE _____

E-MAIL _____

After completing this form and after obtaining the proper departmental signature, return it to:

Warrington College of Business
Undergraduate Programs Office
267 Stuzin Hall, P.O. Box 117160
Gainesville, FL 32611-7160

I would like to substitute *(insert course name & number)* _____

For the following major/area of specialization course requirement *(insert course name & number)*

Please explain the reason for making this request. *(If necessary, attach an additional sheet.)*

DEPARTMENT APPROVAL

Signature of authorized department representative

Date

WARRINGTON COLLEGE OF BUSINESS APPROVAL

Signature of authorized SB representative

Date

Received by/date: _____