



INSTITUTE OF AMERICAN INDIAN ARTS

COURSE SUBSTITUTION FORM

Student Name:			
This is to Authorize the substitution of the following class(es):			
Course #:	Title:	Credit:	
Substitute Course #:	Title:	Credit:	From: (College)
Reason for Substitution:			

***Please keep a copy in the Advisor file.
Send ORIGINAL to Registrar Office.**

Advisor: _____

Date: _____

Department Chair: _____

Date: _____

Academic Dean: _____

Date: _____

Registrar: _____

Date: _____