

WKU ID# _____ Last Name, First Name _____

Program: _____ Estimated Degree Completion Term: _____

COURSE SUBSTITUTION (WKU courses only) *If a required course substitution (Y), please attach a syllabus for both courses.*

	COURSE PREFIX, NUMBER, AND TITLE	HOURS	EQUIVALENT (Y/N)	REQ. COURSE (Y/N)
REMOVE				
ADD				
REMOVE				
ADD				
REMOVE				
ADD				
REMOVE				
ADD				
REMOVE				
ADD				

TRANSFER COURSE(S) *If the transfer course is not equivalent (N) AND will replace a required course (Y), please attach a syllabus for both courses. Transfer courses using quarter hours will be multiplied by 0.67 to establish semester hours applied at WKU.*

	COURSE PREFIX, NUMBER, AND TITLE	HRS	EQUIVALENT (Y/N)	REQ.CRSE (Y/N)	TRANSFER INSTITUTION
REMOVE					
ADD					
REMOVE					
ADD					
REMOVE					
ADD					
REMOVE					
ADD					
REMOVE					
ADD					

Student Signature Date

College Dean Signature Date

Advisor Signature Date

Submit to graduate.records@wku.edu for approval

Graduate Program Coordinator or Dept. Head Signature Date

Graduate School Official Signature Date