



MOUNT ALOYSIUS COLLEGE  
7373 Admiral Peary Hwy  
Cresson, PA 16630

## COURSE SUBSTITUTION/ADDITION FORM

Student's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student's Major: \_\_\_\_\_

### Course Substitution #1

Deleted Course (Number and Title): \_\_\_\_\_

Added Course (Number and Title): \_\_\_\_\_

### Course Substitution #2

Deleted Course (Number and Title): \_\_\_\_\_

Added Course (Number and Title): \_\_\_\_\_

### Course Substitution #3

Deleted Course (Number and Title): \_\_\_\_\_

Added Course (Number and Title): \_\_\_\_\_

Reasoning:

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Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Division Chair's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Signature sequence indicates routing. Please print or type - make sure all copies are legible.