PROGRAM OF EMPHASIS (POE) or SECONDARY EMPHASIS SUBSTITUTION APPROVAL FORM

Submit separate form for each POE or Secondary Emphasis to which changes are being made.

Name:	ID#:
POE/Secondary Emphasis Title:	
Check to indicate program type: ☐ POE ☐ Secondary Emphasis	Antic. Grad Date:

SUBSTITUTION (replace one course with another):

	Course #	**Course Title**		**Course #**	**Course Title**	**Degree Audit** *(list specific section)*
Remove			Add			
Remove			Add			
Remove			Add			
Remove			Add			
Remove			Add			
Remove			Add			

ADDITION or DELETION (add or remove course without any replacement course):

	Course #	**Course Title**	**Degree Audit** *(list specific section)*
☐ Add or ☐ Delete			
☐ Add or ☐ Delete			
☐ Add or ☐ Delete			
☐ Add or ☐ Delete			
☐ Add or ☐ Delete			
☐ Add or ☐ Delete			

	Type/Print Name	**Signature**	**Date**
Student			
POE Advisor			
General Advisor			
For Secondary Emphasis changes <u>ONLY</u>: *If neither advisor is in the Secondary Emphasis department, obtain approval from that department's chairperson.*			
Department Chair			
Registrar			