



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: <input type="checkbox"/> POE <input type="checkbox"/> Secondary Emphasis	Antic. Grad Date:

SUBSTITUTION (replace one course with another):

	Course #	Course Title		Course #	Course Title
Replace			with		
Replace			with		
Replace			with		
Replace			with		
Replace			with		

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

	Course #	Course Title
<input type="checkbox"/> Add or <input type="checkbox"/> Delete		
<input type="checkbox"/> Add or <input type="checkbox"/> Delete		
<input type="checkbox"/> Add or <input type="checkbox"/> Delete		
<input type="checkbox"/> Add or <input type="checkbox"/> Delete		

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