

## COURSE SUBSTITUTION REQUEST GRADUATE PROGRAMS

Section A: Student Information					
Last Name, F	irst Name:			Student ID:	
Program (e.g	., Civil Engine	ering):		Degree type:	
torontomu.ca email:					
I wish to use the course:			course code and title) in place of:		
a ger	neral <i>elective</i> :			OR	
spec	ific <i>electiv</i> e (inc	licate course number):		OR	
an elective in a designated elective group (indicate group):				OR	
a required course (state course number or required group):					
To be taken i	n term:		Year:		
Reason for s	ubstitution:		l		
Student signature:			Date:		
Section B: Ap	provals				
The following verifies that the course is graduate level and appropriate to the student's Plan of Study:					
Approve:	Deny:	Faculty Advisor/Supervi	sor print name:	: Date:	
		Signature:			
Comments:					
Approve:	Deny:	Graduate Program Director print name:		Date:	
		Signature:			
Comments:		1		1	

Note: Students whose applications are denied will be notified by their program via their TMU email above.

**Circulation**: Program - Retain in student file and attach to the graduation

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