

OFFICE OF THE REGISTRAR-UNIVERSITY OF CENTRAL ARKANSAS
DEGREE WORKS COURSE / DEGREE SUBSTITUTIONS
AUTHORIZATION FORM
 (FOR UNDERGRADUATE STUDENTS ONLY)

Advisor Name		Student Bulletin Year	
Student Name		Student Major	
Student ID number		Student Minor	
Is this request for only this student or for all student with the same major in this Bulletin year? (Please Check One)		This student only:	All students:

DESCRIBE JUSTIFICATION FOR THE COURSE / DEGREE SUBSTITUTIONS:

Course to Substitute:	Area:	Course for Substitution:
Example: ART 2300	LDC. Fine Arts requirement	Example: MUS 2300

Advisor Name	Advisor Signature	Date
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Department Chair Name	Department Chair Signature	Date
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Degree Works Name	Degree Works Signature	Date
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Return completed form by: Email - regofc@uca.edu OR Campus Mail - Office of the Registrar, Harrin Hall, Suite 224