

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	

DESCRIBE JUSTIFICATION FOR THE COURSE / DEGREE SUBSTITUTIONS:

Course to Substitute: <small>(Required Course)</small>	Area:	Course for Substitution: <small>(Substituted course)</small>
Example: MGMT 2301	BBA: BUS CORE	Example: INFO 2301

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 - degreeworks@uca.edu OR Campus Mail - Office of the Registrar, Harrin Hall, Suite 224