

**OFFICE OF THE REGISTRAR-UNIVERSITY OF CENTRAL ARKANSAS**  
**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
Department Chair Name	Department Chair Signature	Date
Registrar Office Name	Registrar Office Signature	Date

Return completed form by: Email - [degreeworks@uca.edu](mailto:degreeworks@uca.edu) OR Campus Mail - Office of the Registrar, Harrin Hall, Suite 224