



# Texas A&M University-Texarkana Graduate Degree Plan Change/Substitution

Date: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student Name: \_\_\_\_\_

Major: \_\_\_\_\_ Concentration: \_\_\_\_\_ Certification (if applicable): \_\_\_\_\_

### SUBSTITUTIONS:

1. \_\_\_\_\_ For \_\_\_\_\_  
(Course Title & Number) (Course title & number)

2. \_\_\_\_\_ For \_\_\_\_\_  
(Course Title & Number) (Course title & number)

3. \_\_\_\_\_ For \_\_\_\_\_  
(Course Title & Number) (Course title & number)

4. \_\_\_\_\_ For \_\_\_\_\_  
(Course Title & Number) (Course title & number)

5. \_\_\_\_\_ For \_\_\_\_\_  
(Course Title & Number) (Course title & number)

Rationale for course substitution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Advisor Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(College Dean Signature)

\_\_\_\_\_  
(Date)