Elements of Computing Course Substitution Form

(Please write clearly – Only one request per form)

Student Info

Name: ________________________________

EID: ________________________________

E-mail: ________________________________

Major: ________________________________

Anticipated Graduation Date: ________________________________

Course Substitution Info

Course Number & Name: ________________________________

Semester Taken: ________________________________

Please note students pursuing the 18-hour certificate are allowed two substitutions. Along with this substitution request, you will need to include the syllabus for the course being requested. The course syllabus must be from the semester and instructor of the class in question. Students will be sent a SAN indicating the results.

All decisions are final and cannot be appealed.

EMAIL FORM TO ELEMENTS@CS.UTEXAS.EDU

Office Use Only

__________________________  ____________  [ ]  [ ]
Faculty Advisor Signature  Date  Approved  Denied

__________________________  ____________
CS Advisor Signature  Date

If approved, course approved as: ________________________________