



# Replacement Course Approval Form

Student's name: \_\_\_\_\_ ID # \_\_\_\_\_

Student's MSNE Degree Program: PhD or MS or MMSNE? \_\_\_\_\_

Course to be taken in: Fall      Spring      Summer      of year 20\_\_\_\_\_

Pre-Approved Course # and title from the Course catalog: \_\_\_\_\_

Replacement Course # and title from the Course catalog: \_\_\_\_\_

**Justification:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<p><b>Advisor Signature:</b> _____</p> <p><b>Print Name:</b> _____</p> <p><b>Date Approved:</b> _____</p>	<p><b>Grad Committee Signature:</b></p> <p>_____</p> <p><b>Print Name:</b> _____</p> <p><b>Date Approved:</b> _____</p>
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