

(SVAD Use Only) Date Received: _____



Course Substitution Evaluation Request Form

Please attach a course description (catalog and/or course syllabus), as well as proof of course final grade (Degree Audit or transcript). This form and all documentation must be submitted to the School of Visual Arts and Design's advising office in NSC room 121. Student is responsible for keeping any copies of this request and any submitted documentation. Please allow 10 business days for review. A SVAD representative will email you at your knight's email account to be notified of the decision.

Please Print Clearly

Student Information

Name: _____ Major: _____

PID#: _____ Phone #: _____

Address: _____

Email: _____@Knights.ucf.edu

Transfer Institution & Course Information (fill out completely)

Name of School: _____

City, State & Country: _____

Prefix: _____ Course No. (1 form per course): _____ Course Title: _____

Semester: _____ Year: _____ Final Grade: _____ UCF Equivalent: _____

Rationale for request: _____

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Approved: ___ Denied: ___ Faculty Member First Name: _____ Last: _____

Faculty Member Signature: _____ Date: _____

Advisor Initial: _____ CAHSA Submitted Date: _____ Email Student: _____

RG: _____ RQ: _____ LN: _____ Comments: _____
