|  |  |  |
| --- | --- | --- |
| Human Nutrition, Foods and Exercise Course Substitution | | |
| Student Information | | |
| Date: | ID Number: | |
| Last Name: | First Name: | |
| HNFE Option: 2nd option: Secondary / Dual Major : | | |
| Email: | | Phone: |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Substitution | | | | | | | | | | |
| **COURSES TAKEN** | | | |  | **SUBSTITUTION** | | | | |  |
| **Dept / Number** | **Title** | **Term Taken** | **Grade** | **Credit Hours** | **Dept / Number** | **Title** | **Credit Hours** | **Major**  **Requirement** | **Major Elective** | **\*\*\*\***  **University / CLE Sub (list area for CLE)** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**\*\*\*\* All CLE Substitutions must be approved by the Associate Dean. A copy of the course syllabus must be attached for the CLE Substitution to be evaluated.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **APPROVAL SIGNATURES** | | | | |
| Student Signature: | Date: |  | Undergrad Coordinator Signature: | Date: |
| Advisor Signature: | Date: |  | Dean Signature: | Date: |

|  |
| --- |
| **COMMENTS:** |
|  |
|  |