

## School of Business Course Substitution and/or Course Equivalency Request

Complete the following information and submit the form to your advisor.

Please indicate if:

You have completed a course at another institution that you believe should be equivalent to a course in the School of Business. Syllabus must be attached.

**OR**

You wish to take a course at another institution and want to transfer the course back to EIU's School of Business. Syllabus must be attached.

**OR**

You wish to substitute an EIU course for a required course in your program.

Student name: \_\_\_\_\_ Date: \_\_\_\_\_

E#: \_\_\_\_\_ EIU E-Mail: \_\_\_\_\_ Local phone #: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Concentration: \_\_\_\_\_

Expected term/year of graduation: \_\_\_\_\_ Catalog year: \_\_\_\_\_ EIU Advisor: \_\_\_\_\_

**Request that course #1 be substituted/found equivalent to course #2:**

1. Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_

2. Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_

**Reason for substitution:**

Transfer Institution: \_\_\_\_\_ Has the course been completed yet? YES NO

If course has been completed, term and year of completion: \_\_\_\_\_

**Academic Advisor Information:**

Advisor Name (please type or print): \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments from Advisor:

**To be completed by the School of Business Chair's Office:**

Date assigned to Discipline Unit for review: \_\_\_\_\_

Comments from Assistant Chair:

Chair's decision :    Approved as equivalent (*notify Office of the Registrar*)  
                              Approved as a substitution for this student only  
                              Not approved

Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments from Chair:

**NOTE:** If approved, this substitution/equivalency applies only to the major/minor/concentration identified above. It does not apply if student changes major or concentration within the major or changes minor.

Copy sent to EIU Advisor (date): \_\_\_\_\_ (Advisor will notify student)

Original forwarded to Certification Officer of student's college (date): \_\_\_\_\_

Copy sent to Office of the Registrar (date): \_\_\_\_\_ (**only if course is considered equivalent**)

*Form updated 6/11/09*