

University of Nebraska-Lincoln / College of Architecture Substitution Form

Student's Name: _____ NU ID Number: _____

Mailing Address: _____
Street Address, Include Apartment Number

City, State, Zip

E-Mail Address: _____

Advisor: _____ Year Entered Program: _____

To: Professional Program Committee
College of Architecture
University of Nebraska-Lincoln

I respectfully request to make the following substitution in my course of study:

Required Course(s)	Cr. Hrs.	Proposed Course(s)	Cr. Hrs.

Transfer Credit From: _____

Remarks: (Please attach separate piece of paper or further supporting documentation if you wish).

Degree (Circle One): BSD-Arch BSD-Ides BLA MARCH-Architecture

Date Degree Expected: _____

Student's Signature/Date _____

Advisor's Signature/Date _____

Chair, PPC/Date _____

Chair, Department/Date _____

Dean, College/Date _____