

## Course Substitution Form

Once approved by the advisor, please submit this form and all supporting documentation to the office.

<b>Section 1 – to be completed by the student (required)</b>			
Student ID:		Specialization:	<input type="checkbox"/> MAPE <input type="checkbox"/> MGPE <input type="checkbox"/> MED
Student Name:			
Required Course:	Course title:		
	Course credit:		
	Module:	<input type="checkbox"/> Foundational Knowledge <input type="checkbox"/> Methodology <input type="checkbox"/> Specialization Core Course <input type="checkbox"/> Specialization Optional Courses	
Course to be substituted:	Course title:		
	Course credit:		
	NTHU Course ID (if applicable)		
	Semester		
	Medium of instruction:		
	Instructor:		
	Institution/Department:		
Student Signature:		Date (YYYY/MM/DD):	
<b>Section 2 – Approval (required)</b>			
Advisor Name:			
Advisor Signature:		Date (YYYY/MM/DD):	
Program Office Stamp:		Date (YYYY/MM/DD):	
Program Director Signature:		Date (YYYY/MM/DD):	