



Art Academy
of Cincinnati
College of Art & Design

ART ACADEMY OF CINCINNATI

COURSE SUBSTITUTION REQUEST

Student's Name _____ Date _____

Major _____ Minor _____

Substitute Course/Title	Term Taken	For	Required Course/Title
		For	
		For	
		For	
		For	

Advisor's Name (Print) _____

Advisor's Signature _____ Date _____

Department Approval

Substitution -- Approved _____ Denied _____

Department Chair's Signature _____ Date _____

(Forward to Academic Dean)

Academic Dean's Approval

Substitution -- Approved _____ Denied _____

Academic Dean's Signature _____ Date _____

(Forward to Registrar's Office)

Registrar Processed _____ Date _____

Cc: Student, Advisor, and Registrar