

FINLANDIA UNIVERSITY SUBSTITUTION FOR GRADUATION

Substitution requests must be completed and approved before applying for graduation.

TO: DEANS, ADVISOR, SUBJECT AREA CONTACT PERSON, UNIVERSITY REGISTRAR:

Student Name: _____ Date _____ ID # _____

Please allow me to substitute _____
(Course code and name of transfer institution or Finlandia University course)

FOR: _____
(Course code and name of Finlandia University course)

Student Justification: _____

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Subject Area Contact Signature _____ Date _____

Dean's written support/approval: _____

Dean Signature _____ Date _____
(School or College where degree is offered)

Dean Signature _____ Date _____
(School or College where class is offered)

University Registrar Signature _____ Date _____

Comments: _____

☐ Approved

☐ Rejected

7/7/2011