

BLOOMSBURG UNIVERSITY
Bloomsburg Pennsylvania
SCHOOL OF GRADUATE STUDIES

Deviation Form for XYZ

The following courses in the left hand column are required for completion of the program. Any course substitutions should be noted in the right hand column and be pre approved by the program director and the Dean of Graduate Studies.

REQUIRED

SUBSTITUTE

BRIEF JUSTIFICATION

NAME: _____
(Print or Type) Last First M.I.

ID# _____ # of BU credits previously substituted _____

of outside credits previously transferred _____

Student's Signature & Date

Substitution approved by:

Graduate Program Director

Date: _____

Asst. Vice President & Dean of Graduate Studies

Date: _____