



DEPARTMENT OF SOCIOLOGY  
COLLEGE OF ARTS AND SCIENCES

Department of Sociology  
P.O. Box 5020  
Atlanta, Georgia 30302-5020

**COURSE SUBSTITUTION / ADJUSTMENT APPROVAL FORM**

DATE	NAME	PANTHER #	CAMPUS ID
ADDRESS (optional if a copy if desired)		CITY	STATE ZIP

STUDENT: Please print in the section above and sign the acknowledgement statement below with an ink pen.

COURSE	AREA / REQUIREMENT
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SPECIAL COMMENTS

STUDENT ACKNOWLEDGEMENT: By signing in the designated space to the right, I hereby acknowledge that I have read and agree to the aforementioned substitutions and/or adjustments to my degree requirements. I understand that these substitutions and/or adjustments will become invalid should I change my major.

\_\_\_\_\_  
Student Signature

**FOR DEPARTMENT USE ONLY**

\_\_\_\_\_  
Print Department Advisor's Name

\_\_\_\_\_  
Print Director of Undergraduate Studies Name

\_\_\_\_\_  
Signature of Department Advisor

\_\_\_\_\_  
Signature of Director of Undergraduate Studies

APPROVE

DENY

DATE SENT TO OAA

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