



Department of Mechanical Engineering

Undergraduate Course Substitution Form

Student: _____ Date: _____
PRINT: Last First Middle initial

Student ID: U _____ Phone: _____

Address: _____
Street City State Zip code

Email: _____ Classification: _____

List all Out-of-department courses being considered for substitution:

(Note: This form does not guarantee courses will be substituted. The Department Undergraduate Coordinator will review all documents submitted to determine if the courses listed below are equivalent to the USF Course being considered for substitution. Students will be emailed with the department's final decision).

- 1. _____ USF Equivalent Course: _____
- 2. _____ USF Equivalent Course: _____
- 3. _____ USF Equivalent Course: _____
- 4. _____ USF Equivalent Course: _____
- 5. _____ USF Equivalent Course: _____
- 6. _____ USF Equivalent Course: _____

Please attach all syllabi and transcripts (if an external course) for the courses being reviewed for substitution. Any course without a syllabus or sufficient documentation will not be considered for substitution.

Student signature Date

Departmental Use Only: Approved Disapproved

Notes: _____

Department Chair or UG Program Director signature Date

Distribution:
Original: UG Program Director, Student file Copy: Student