# Course Substitution Request Form

Note: TAM Core coursework may not be substituted.

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Last Name First Name & Middle Initial

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Student Number Colorado.edu E-mail Address

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Course Name Course Number

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Institution Department

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor Semester Taken

 BS TAM Student

 TAM Minor Student

### Elective category in which you would like this course to be considered for credit:

 Critical Perspectives in Technology Elective

 Focus Elective (Note: Focus Electives must be Upper Division to count for the TAM Minor)

### Please attach:

* A letter stating why you feel this course should be considered for TAM Elective Credit
* A copy of the course syllabus and schedule

### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### For internal TAM usage only:

 Permanent Change

 Accepted as an exception   
 Denied   
  
If denied, reason: