



Sociology Department
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Location: DMH 241
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Change To Graduation Contract

(Substitution Form)

Last Name: _____ First Name: _____ Date: _____

Major: _____ Minor: _____

Proposed Date of Graduation: _____ Student ID: _____

Address(No. and Street): _____ Apt No: _____

City and Zip: _____ Phone No. (Preferred): _____

Email: _____ Alternate Phone No: _____

SUBSTITUTE _____ **FOR** _____
(COURSE ACTUALLY TAKEN) *(COURSE ORIGINALLY PLANNED)*

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SUBSTITUTE _____ **FOR** _____
(COURSE ACTUALLY TAKEN) *(COURSE ORIGINALLY PLANNED)*

Comments or other changes _____

Signature- Department Chair

Date