

Appendix B

ADDICTION STUDIES, PSYCHOLOGY AND SOCIAL WORK COURSE SUBSTITUTION

Student Name _____ NAID# _____ Date _____

Signature of Student _____

Substitute In _____ Major _____ Minor _____

_____ Concentration _____ General Education _____

COURSE

COURSE

_____ MAY BE SUBSTITUTED FOR _____

_____ MAY BE SUBSTITUTED FOR _____

_____ MAY BE SUBSTITUTED FOR _____

_____ MAY BE SUBSTITUTED FOR _____

_____ MAY BE SUBSTITUTED FOR _____

Signature of Advisor _____ Date _____ Signature of Program Director _____
Date

Signature of Chair _____ Date _____

COMMENT:

1. Attach Course Syllabi and/or Course Description for each course.
2. Attach Transcript.
3. Return to Advisor.