



温州肯恩大学
WENZHOU-KEAN UNIVERSITY

SUBSTITUTION FORM

Student's Name _____ ID# _____

Major _____ College _____

REQUIREMENTS TO BE SUBSTITUTED

Course # & Title of Substitution Course	WKU Requirement Course to be Substituted	Rational

DATE

ADVISOR'S SIGNATURE

DATE

CHAIRPERSON'S SIGNATURE

DATE

DEAN'S SIGNATURE

By signing above, I certify that I have reviewed these documents; that the information present is accurate to the best of my knowledge and that this form and adjoining documents are ready to be processed for certification.

REGISTRAR'S OFFICE USE ONLY

_____ Approved

_____ Not Approved

Signature – Registrar

Date