

**CLARK ATLANTA UNIVERSITY
STUDY ABROAD
COURSE SUBSTITUTION AUTHORIZATION**

(Please print the form, complete it, and return it to the Study Abroad Office, Sage-Bacote Hall, Room 323)

Department of _____ Date _____

To: The Registrar, *Clark Atlanta University*

From: _____, Department Chairperson

Students Name: Mr. / Mrs. / Ms. _____

Social Security Number: _____ - _____ - _____

The aforementioned student has been granted permission, by this department, to take the following courses:

1. _____
2. _____
3. _____
4. _____

These classes are to be substituted for the following classes:

1. _____
2. _____
3. _____
4. _____

These classes are granted as partial fulfillment of Major/General Education requirements.

Signature: _____