**REQUEST FOR SUBSTITUTION OF A COMPULSORY COURSE**

*(please refer to the Academic Regulations and Implementation Guideline)*

Study programmes: [ ]  MADIS, department: Click here to enter text. [ ]  MIA [ ]  MDEV

Last name, First name(s): Click here to enter text.

File number: Click here to enter text. Semester: Click here to enter text.

**STEP 1**

**Compulsory course you would like to substitute:**

Code: Click here to enter text. Name of Professor: Click here to enter text.

Course title: Click here to enter text.

**Course you wish to follow in substitution of the compulsory course:**

Code: Click here to enter text. Name of Professor: Click here to enter text.

Course title: Click here to enter text.

**Signature of Professor indicating prior agreement** (not necessary if this course is in your study plan) ………………………………………………………………………………………………………………..

**STEP 2**

Please explain the motivation of your request (enclose all relevant documents enabling a thorough assessment of your request – course syllabus, transcript of results, etc.):

Click here to enter text.

***This form, duly completed, must be sent by email to the secretariat of your programme no later than 15 February 2019.***

**Administration use only**

Decision and signature of the Direction of Studies: ……...………………………………………………………………………………………………………………

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Date: ……………………………………………………………………………………………………………….