Bachelor of Integrated Studies Contract Substitution Form

Student's Name:	W #
Department granting the substitution	:
1. The student named above is c	currently contracted to take:
Prefix and course	Course title:
No. of credits:	as part of the BIS course work in this area of emphasis.
2. S/he would like to replace ab	pove class with:
Prefix and course	Course title:
As the department chair or student ac	lvisor, I agree to this change in the student's BIS contract
Signature:	
Date:	
Comments:	

Please return this form to the BIS Department, Li 147.

Recorded by:		
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(mec 5/2020)

Date: