Southern University-Baton Rouge

REQUEST FOR SUBSTITUTION OF COURSE

Please Type

I, _____, _____, _____
Student's Name Student's ID Department

_____, request permission to substitute _____
Classification Course Number

_____ _____ _____
Descriptive Title of Course Department Credit Hours

Semester hours of credit for the required course _____
Course Number

_____ _____ _____
Descriptive Title of Course Department Credit Hours

Reasons(s) for said request follows: (If request involves a Transfer of Credit, please indicate institution of origin and location. Attach a course description from the university Catalog.)

_____

_____

_____

_____

Please list all previous substitutions (must be completed)	
Title of Course	Course Number

Advisor: _____ Date: _____ ( ) Approved ( ) Disapproved

Department Chair: _____ Date: _____ ( ) Approved ( ) Disapproved

Dean: _____ Date: _____ ( ) Approved ( ) Disapproved

Academic Affairs: _____Date: _____ ( ) Approved ( ) Disapproved

Registrar: _____ Date:_____ ( ) Approved ( ) Disapproved

Revised 11/2004