## **Southern University-Baton Rouge REQUEST FOR SUBSTITUTION OF COURSE**

Please Type

			<b>,</b>	
	Student's Name	Studen	t's ID	Department
		request permission to	substitute	
	Classification			Course Number
	escriptive Title of Course	Department		Credit Hours
Sen	nester hours of credit for the re	anired course		
		quireu course	Co	ourse Number
Descriptive Title of Course		Department		Credit Hours
	sons(s) for said request follows rigin and location. Attach a co	<u>-</u>		Credit, please indicate institutio Catalog.)
	Please list all	previous substitutio	ns (must be	completed)
	Please list all		ns (must be Course Num	. ,
			•	. ,
			•	. ,
			•	. ,
			•	. ,
			•	. ,
A			Course Num	per
	Title of Course	Date:	Course Num	Approved ( ) Disapproved
D	Title of Course	Date:	Course Num	Approved ( ) Disapproved Approved ( ) Disapproved
D <sub>0</sub>	Title of Course	Date:	Course Num	Approved ( ) Disapproved Approved ( ) Disapproved Approved ( ) Disapproved