Southern University-Baton Rouge REQUEST FOR SUBSTITUTION OF COURSE

Please Type

I,		
Student's Name	Student's ID	Department
	, request permission to substitu	
Classification		Course Number
Descriptive Title of Course		Credit Hours
Semester hours of credit for th	e required course	
		Course Number
Descriptive Title of Course	Department	Credit Hours
	lows: (If request involves a Trans a course description from the uni	sfer of Credit, please indicate institutio versity Catalog.)
	all previous substitutions (mu	
Title of Course	Course	Number
Advisor	Date:	() Approved () Disapproved
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Registrar:	Date:	_ () Approved () Disapproved