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

Please Type

• •	•	•		
Student's Name	Student		Department	
Classification	_, request permission to substitute		Course Number	
<b>Descriptive Title of Course</b>	Department		Credit Hours	
emester hours of credit for the r	equired course		Course Number	
Descriptive Title of Course	Department		Credit Hours	
easons(s) for said request follow f origin and location. Attach a c				
Please list al	I previous substitution	ns (must be	e completed)	
Please list al	I previous substitution	ns (must be Course Nur	. ,	
	•	•	. ,	
	•	•	. ,	
Title of Course		Course Nur	nber	
Title of Course  Advisor:	Date:	Course Nur	) Approved ( ) Disapproved ) Approved ( ) Disapproved	
Advisor:	Date:	Course Nur	) Approved ( ) Disapproved	
	Date: Date: Date:	Course Nur	) Approved ( ) Disapproved ) Approved ( ) Disapproved ) Approved ( ) Disapproved	