



Office of the Registrar
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Course Substitution Form

This form should be used to request a course substitution. Please note: Course Substitutions will NOT reduce the number of credits required for your degree. Students should consult their advisor for an appropriate replacement course or credits.

1. **Name:** _____
Last Name *First Name* *Middle Initial*
2. **Student ID:** _____
3. **Rutgers Email Address:** _____
4. **Current Degree/Program and Concentration:** _____
Degree/Program *Concentration*

I would like to request the following the Course Substitution:

The course I have taken is:

Course Title: _____

Course Number: _____ Credits: _____ Grade Received: _____

A copy of the course syllabus may be requested.

I would like the above course to substitute for the following course:

Course Title: _____

Course Number: _____ Credits: _____

 Student Signature Date

 Academic Advisor Signature Date

 Department Chair/Concentration Director (SPH) Signature Date

 Associate Dean for Academic Affairs (SPH) Signature Date

 Senior Associate Dean (SGS RBHS-New Brunswick/Piscataway) Signature Date

Copies to:
 Office of the Registrar-SPH
 Office of the Registrar-SGS
 Academic Advisor
 Dept Chair/Conc Director
 Student