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/Leader Signature __________________________ Date __________

Associate Dean for Academic Affairs Signature __________________________ Date __________

Copies to:
Office of the Registrar
Academic Advisor
Dept Chair/Conc Director/Leader
Student