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  ____________

For PhD Students Enrolled Fall 2020 and After