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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	n:	
	Current Degree/Program and Concentration	Degree/Program	Concentration
I۷	ould like to request the following the	e Course Substitution:	
	The course I have taken is:		
	Course Title:		
	Course Number:	Credits:	Grade Received:
	A copy of the course syllabus may be requested	ed.	
	I would like the above course to sul	ostitute for the following	course:
	Course Title:		
	Course Number:	Credits:	
	Student Signature	Date	
	Academic Advisor Signature	Date	
			Copies to:
	Department Chair/Concentration Director/Leader Signatu	ire Date	Office of the Registrar Academic Advisor
	olynak	- Date	Dept Chair/Conc Director
	Acceptate Deep for Academic Affician Circumstance		Leader Student
	Associate Dean for Academic Affairs Signature	Date	