



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/Vice-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
Dept Chair/Vice-Chair/
Conc Director
Academic Advisor
Student