

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.

- Name:** _____
Last Name *First Name* *Middle Initial*
- Student ID:** _____
- Rutgers Email Address:** _____
- 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