X-ID #: __________________________

Course Substitution Request

_____________________________  Select Term: □ Fall □ Spring □ Summer  Year: ______

Name: Last, First

_____________________________  Catalog Year for Graduation: ______________

Phone

Program of Study: _______________________________  Program #: ______

Check One: □ A.A. □ A.S. □ A.A.S. □ Certificate □ B.S.N. □ B.A.S

ONLY ONE COURSE MAY BE SUBSTITUTED FOR ANOTHER

Course Already Taken

Course Number: __________  Course Title: ________________________________________________

Credits: ____  Term in which course was/will be taken: ________________________________

Grade: ____  Where was this course taken?

If not LSSC, ATTACH A COURSE DESCRIPTION OR SYLLABUS

Course Required by Program

Course Number: __________  Course Title: ________________________________________________

Credits: ____

Justification for Request (be specific):

__________________________  _________

Advisor's Signature  Date

_________________________________  _________  □ Approved  □ Denied

Student's Signature  Date

Program Chair/Manager  Date

Comments: ________________________________________________________________

____________________________________________________________________________

_________________________________  _________  □ Approved  □ Denied

Dean/AVP/VP Signature  Date

Comments: ________________________________________________________________

Office Use Only

A & R Copy: ______  Student Copy: ______  Input Date: ______  Initials: ______

SD 02/23/2018