THE COLLEGE OF SAINT ROSE
COURSE SUBSTITUTION APPROVAL FORM

To: Registrar
Date: _____________

Student’s name: ______________________________________________
Student Identification number: ____________________________________________
Major: _______________________________________________________________
Concentration (if applicable): _____________________________________________
(Required only if the student is enrolled in a concentration curriculum for which more
than one department shares responsibility. It is strongly recommended that students who
wish to request substitution of a required concentration course begin the process by first
speaking with the Discipline/Concentration Representative.)

Required course for which a substitution is requested
(prefix, number, title): _______________________________________________

Reasons for requesting a waiver:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Proposed substitute course (prefix, number, title): _______________________________

Explain how curricular objectives are achieved by the substitute course:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Signatures:
Advisor’s signature (student’s major): _____________________________Date:_______
Chair or Discipline/Concentration
Representative agreement:_______________________________________Date:_______
Dean’s signature (student’s major):____________________________Date:_______