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:

________________________________________________________________________

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________________________________________________________________________

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

Explain how curricular objectives are achieved by the substitute course:

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

Signatures:

Advisor's signature (student's major): ______________________ Date: ______________________

Chair or Discipline/Concentration Representative agreement: ______________________ Date: ______________________

Dean's signature (student's major): ______________________ Date: ______________________