

**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: _____