



Request for Course Substitution

OFFICE OF THE REGISTRAR
POST OFFICE BOX 8104 300 COLLEGE STREET, NORTHEAST
ORANGEBURG, SC 29117-0001 (803) 536-7185 FAX: (803) 536-8602

Student _____ Campus Wide ID# _____

Major _____ Class _____ Catalog Year _____

Note: Substitution will be permitted for exemption from prescribed curriculum only under unavoidable and exceptional circumstances. The request will be acted upon only after all signatures are obtained and the form is submitted to the Registrar's Office.

Required Course

Substituted Course

Justification for Substitution

Approved Disapproved

Advisor

Date

Approved Disapproved

Chairperson

Date

Approved Disapproved

Dean

Date