



# Notice of Substitution

STUDENT NAME \_\_\_\_\_

Student ID Number \_\_\_\_\_

**Please use a different form for each substitution**

SGU Course:

Substitution for that course:

Course Number \_\_\_\_\_

Course Number \_\_\_\_\_

Course Title \_\_\_\_\_

Course Title \_\_\_\_\_

Credit Hours \_\_\_\_\_

Credit Hours \_\_\_\_\_

Institution \_\_\_\_\_

Reason for substitution

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does the proposed substitution fulfill the applicable common core student learning outcomes?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approved:**

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Date

**Approved:**

\_\_\_\_\_  
Director of Student Services

\_\_\_\_\_  
Date

**Please return original to Student File.** Received on \_\_\_\_\_