SOUTHEASTERN LOUISIANA UNIVERSITY

GRADUATE COURSE SUBSTITUTION REQUEST

Student's Name: Last   First   M.I.   University I.D. (W#)   Date

Department/Program: _____

College: _____

is hereby given permission to substitute

FOR

_____   _____

Course Name and Number   Credit Hrs.   Course Name and Number   Credit Hrs.

For the following reason(s):

_____

_____

_____

_____
Graduate Coordinator   Date

_____
Department Head   Date

_____
Academic Dean   Date

_____
Director of Graduate Studies   Date