

Valdosta State University

Office of the Registrar (229) 333-5727

http://www.valdosta.edu/academics/registrar

COURSE SUBSTITUTION FORM

Section A: Student Biograp	phical Informa	tion			ı	1		
Last Name			First Name		Middle Initial		Date	
VSU ID Number		Department			Major			
	le the etude	ent enrolled?	No ☐ Yes					
☐ Undergraduate Course		Freshman?	No ☐ Yes – List	Samastar/\	/ear:			
☐ *Graduate Course	_	fer Student?		Semester/\				
			No ☐ Yes – List					
Section P. Cource Substitu		•				u iko man	ut/a)	
Section B: Course Substitu	ution imormati	on. List the Requ	iirea Course(s) to me	eet Graduat 	ion/Degree Req	Juiremen	u(S) -	
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Course #1) VSU Prefix/Number & Ti List Course(s) to Substitute for the R				Credit I	Hours "VSU CON	KE Area A	-F (if applicable)	
List Oddisc(s) to dubstitute for the re	equired Course –							
Prefix/Number & Course Title		Institution where the	course was completed	Grade	Semester/Year	Credit	*VSU CORE	
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Prefix/Number & Course Title		Institution where the	course was completed	Grade	Semester/Year Completed	Credit Hours	*VSU CORE Area A-F	
					Completed	Tiours	(if applicable)	
Course #0\ \(\(\text{VOLD} \) \(\text{VOLD} \)				Credit I	*VSU COI	DE A A	-F (if applicable)	
Course #2) VSU Prefix/Number & Ti List Course(s) to Substitute for the R				Orean i	iouis Voc coi	VE AIGA A	• (п аррпсаые)	
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Prefix/Number & Course Title		Institution where the course was completed		Grade	Grade Semester/Year C Completed H		*VSU CORE	
		1	1	Area A-F (if applicable)				
Prefix/Number & Course Title		Institution where the	course was completed	Grade	Semester/Year Completed	Credit Hours	*VSU CORE Area A-F	
Justification for the Reque	et: Attach appropri	riata support mataria	ole evilabue course de	escription oto	as pooded		(if applicable)	
Justinication for the Reque	Эс. Ацаст арргорг	nate support materia	ns, synabus, course de	escription, etc.	. as needed –			
Section C: Approvals (Plea	se route in order	below)						
1) Academic Advisor (Name / Signatu	ıre / Date)		4) *[CORE A-F] AP for Academic Programs & Services (Name / Sig. / Date)					
			_					
2) Department Head (Name / Signatu	re / Date)		5) *[Graduate] AP fo	or Graduate St	udies & Research	(Name / Si	gnature / Date)	
3) Dean / Director (Name / Signature	/ Date)	1	6) Registrar (Name /					
			This form is not off	ficial until it ha	as been signed by	the Regi	strar.	

Version: 10/31/2020 (Digital Submission / Signature Preferred)

^{*} Substitutions in the University CORE require approval by the Associate Provost for Academic Programs and Services (AP for AP&S). Graduate level courses require approval by the Associate Provost for Graduate Studies and Research (AP for GS&R).