

BSC CORE CURRICULUM REQUIREMENT SUBSTITUTION FORM
Complete and submit to the Office of the Dean of the School of Arts and Sciences, Maxwell Library
Please attach a copy of the course description and/or syllabus.

Name: _____

Banner ID Number: _____

Major(s): _____

Date of Graduation: _____

Core area(s) to be considered: _____

Course Required: (If there is not an equivalent course at BSC, leave this area blank)

Course Number

Title

Course to be Substituted

Course taken at

Course Number

Title

Justification for Consideration:
(To be completed by student)

Approved: _____

Denied: _____

Comments:

Signature: _____

Date: _____

Dean of School of Arts and Sciences

RETURN TO THE REGISTRAR'S OFFICE, BOYDEN HALL, FOR PROCESSING