Course Substitution Form Rhode Island College Registrar's Office

Approval by the Department Chair of your academic program is required, NOT the Chair of the department offering the course.

R H O D E I S L A N D

COLLEGE

Student Name:			
Student ID#:			
Major:			
		-	
The following course			
	Course Name	Course Number	Credits
is substituted for		Course Number	Credits
	Course Name	Course Number	Credits
Department Chair Sig	inature		
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Department Name			
Date			