

**Southampton College of Long Island University**

**COURSE SUBSTITUTION FORM\***

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

**PLEASE SUBSTITUTE:**

COURSE #: \_\_\_\_\_ TITLE: \_\_\_\_\_

SEMESTER TAKEN: \_\_\_\_\_

**FOR:**

COURSE #: \_\_\_\_\_ TITLE: \_\_\_\_\_

COMMENTS (IF ANY): \_\_\_\_\_

\_\_\_\_\_

REQUIRED SIGNATURES:

\_\_\_\_\_

ADVISOR

\_\_\_\_\_

DIRECTOR

**\* COURSES IN MAJOR ONLY – NOT FOR COURSES IN THE CORE**

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Verification copy will be returned to Advisor and Student after posting

FOR OFFICE USE ONLY

PROCESSED BY \_\_\_\_\_ DATE \_\_\_\_\_