

PRE-APPROVAL COURSE SUBSTITUTION FORM



LOUISIANA TECH UNIVERSITY COURSES ONLY

Note: Final approval of substitution is not granted until the Dean signs this form. All signatures required before the student enrolls in the course.

Student's Name _____ Date _____

Student ID No. _____ Major _____

Proposed Course*:

Course Name/Number	Sem. Hr. Credit	Title
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To Be Substituted For:

Course Name/Number	Sem. Hr. Credit	Title
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Reason for Substitution: _____

Requested by: _____
Student's Signature

Advisor _____ Dept. Head (ANS) _____

Dept. Head or Dean (Academic Area) _____

Associate Dean (ANS) _____

Dean (ANS) _____

*STUDENTS MUST EARN A GRADE OF "C" OR BETTER IN THE SUBSTITUTED COURSE. CREDIT WILL NOT BE GRANTED IF THE STUDENT EARNS A "D" OR "F" IN THE COURSE.

*STUDENTS MAY NOT SUBSTITUTE ONE COURSE FOR ANOTHER IF THEY HAVE ALREADY TAKEN THE REQUIRED COURSE AND EARNED A GRADE OF "D" OR "F".