

SAINT JOSEPH'S COLLEGE
STANDISH, ME 04084

COURSE SUBSTITUTION FORM

STUDENT'S NAME: _____

MAJOR: _____ MINOR: _____ CLASS: FR SOPH JR SR.
(CIRCLE ONE)



REQUIRED COURSE

APPROVED SUBSTITUTION

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

REASON FOR COURSE SUBSTITUTION: _____

APPROVAL OF ADVISOR: _____ DATE: _____

APPROVAL OF DEPT CHAIR: _____ DATE: _____

