## THE COLLEGE OF SAINT ROSE COURSE SUBSTITUTION APPROVAL FORM

To:	Registrar			
Date:				
Major: Concentrat (Required of than one do wish to req	ion (if applicable): ion (if applicable): only if the student is er epartment shares resp uest substitution of a r	nrolled in a concentration	on curriculum for which recommended that stu	more dents wh
•	ourse for which a subs	stitution is requested		
Reasons fo	or requesting a waiver:			
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С	0	U	R	_ s

Proposed substitute course (prefix, num