

SUBSTITUTION FORM

Office of the Registrar
Virginia State University
P. O. Box 9217
Petersburg VA 23806

TO THE REGISTRAR:

I have found it necessary to make the following adjustment in the advisement package and graduation requirements of:

_____ Student's Name _____ Student ID Number _____

SUBSTITUTIONS:

COURSE NO. & TITLE

	FOR	
	FOR	
	FOR	
	FOR	
	FOR	
	FOR	
	FOR	

REQUIREMENTS TO BE WAIVED OR CLEP:

COMMENTS:

DATE

CHAIRPERSON'S SIGNATURE

DATE

DEAN'S SIGNATURE