



**RHODE ISLAND
COLLEGE**

COURSE SUBSTITUTION FORM

**Approval by the department chair
of your academic program is required;**

Not the chair of the department offering the course.

Student Name _____

EMPLID _____

Curriculum/Major/Concentration _____

Course Substitution:

The above course name, number, and credits, is substituted for

this course name, number, and credits

Department Chair Approval _____

Department Name _____ Date _____

Distribution: Records Office Department Student