

LENOIR-RHYNE UNIVERSITY

COURSE SUBSTITUTION

**PLEASE SUBMIT COMPLETED FORM TO THE REGISTRAR'S OFFICE
REGISTRAR@LR.EDU*

We recommend that _____ be permitted to substitute

Student's Name

for

Course Number & Title

Course Number & Title

In order to meet requirements for graduation in _____

Student's Major

Expected graduation date: _____

Reasons for recommending the substitution:

Required Signatures

Student's Advisor

Date

School Chair

Date

Registrar Office

Date