## Complete and return this form to:

University of Rochester - Simon Business School Office of the Registrar 2341 Carol Simon Hall Box 270100

registrar@simon.rochester.edu

Phone: (585) 275-8071 / Fax: (585) 276-0244



## **COURSE SUBSTITUTION FORM**

## **Directions**

- Please complete this form to seek approval to substitute a course for an elective or required course within your degree program or MBA concentration.
- Course substitutions require approval from the Sr. Associate Dean and the Area Coordinator.

	e:	UID#:				
	Last		First	MI	_	
Student's Signature:				Date:		
						month/day/year
Program:			<del></del>			
Area Coordina	itor's Approv	al:				
				Date		Print Name
Sr. Associate [	Dean's Appro	val:				
				Date		Print Name
		Student is approve				_ Credits:
Or □ An MS elec		and Title:				_ Credits:
☐ Course Num Or ☐ An MS elect Or	ctive					_ Credits:

	*	Revision: 8/2022		
Date Received:	_ Date Processed:	By:	Note added:	