



ACADEMIC AFFAIRS  
COLLEGE OF PUBLIC HEALTH  
UNIVERSITY OF SOUTH FLORIDA



**COURSE SUBSTITUTION FORM**

SEMESTER \_\_\_\_\_ 20 \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_ ID# \_\_\_\_\_

EMAIL \_\_\_\_\_ DEPT \_\_\_\_\_

This is to certify that the above named student has been given permission to substitute

\_\_\_\_\_ for \_\_\_\_\_  
(Course # and Title of Course) (Course # and Title of Course)

CREDIT HOURS \_\_\_\_\_  
[Course Substitutions Must Equal the Same Number of Credit Hours]

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**ATTACH JUSTIFICATION: (Justification statement or paragraph and a Syllabus To Syllabus Comparison Required)**

(If Independent Study is being used as course substitute, give detailed explanation of topics to be covered and how they match course being substituted).

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADVISOR'S NAME (print) \_\_\_\_\_

ADVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**If course was evaluated and approved for transfer from another university, dept signature of evaluator required**

DEPT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Submit form and supporting materials to Academic Affairs

This is to certify that the course substitution outlined above has been approved.

ACADEMIC DEAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_