

SOUTHEASTERN LOUISIANA UNIVERSITY

GRADUATE SUBSTITUTION CARD

Student's Name:	Last	First	M.I.	University I.D.	Date
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Department: _____

College/School: _____

is hereby given permission to substitute

*Course/Number	Credit Hrs.	For	*Course/Number	Credit Hrs.
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For the following reason(s):

Department Head	Date	Academic Dean	Date
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Send to: Office of Graduate Studies ~ Meade 103 or Fax # 2628

Director of Graduate Studies	Date
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