

Complete and return this form to:
University of Rochester - Simon Business School
Office of the Registrar
245R Gleason Hall
registrar@simon.rochester.edu
Phone: (585) 275-3533 / Fax: (585) 271-3907



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.

Student Name: _____ **UID#:** _____
Please print Last First MI

Student's Signature: _____ **Date:** _____
month/day/year

Program: _____

Area Coordinator's Approval: _____
Date Print Name

Sr. Associate Dean's Approval: _____
Date Print Name

Course Substitution - Student is approved to take:

Course Number: _____ and Title: _____ Credits: _____

In place of:

Course Number: _____ and Title: _____ Credits: _____

Or

An MS elective

Or

An MBA elective in the following concentration: _____

Reason for course substitution: _____

Registrar's Office Use Only

Revision: 3/2020

Date Received: _____ Date Processed: _____ By: _____ Note in Darden: _____