

The College at Brockport – Master of Arts in Liberal Studies  
COURSE SUBSTITUTION REQUEST FORM

Name \_\_\_\_\_ Banner ID \_\_\_\_\_

Address \_\_\_\_\_ City&State \_\_\_\_\_ Zip \_\_\_\_\_

**COURSE LISTED IN ORIGINAL PLAN OF STUDY:**

Discipline Code	Number	“A” or “B” Course	Credit Hours	Title

**SUBSTITUTION COURSE:**

Discipline Code	Number	“A” or “B” Course	Credit Hours	Title

Signature of Graduate Student: \_\_\_\_\_ Date \_\_\_\_\_

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**Approved / Disapproved** If disapproved, reason: \_\_\_\_\_

\_\_\_\_\_

Signature of Director: \_\_\_\_\_ Date \_\_\_\_\_

**RETURN TO:**

Dr. Kulathur Rajasethupathy, Liberal Studies, The College at Brockport, 350 New Campus Drive, Brockport, NY 14420-2963  
Fax #: (585) 395-2172