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Boca Raton, FL 33431-5598
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**COURSE
SUBSTITUTION**

Student Name: _____ Student ID#: _____

| REQUIRED COURSE | SUBSTITUTED COURSE |
|-----------------|--------------------|
| | |
| | |
| | |
| | |
| | |

Please provide rational for course substitution: _____

Approvals:

Academic Advisor: _____
Signature *Date*

Dean of College (for which required course is taught): _____
Signature *Date*