



Office of the Registrar  
 Valdosta State University  
[www.valdosta.edu/academics/registrar](http://www.valdosta.edu/academics/registrar)  
 (229) 333-5727

# UNDERGRADUATE COURSE SUBSTITUTION FORM

**Section A: Student Biographical Information**

Last Name

First Name

Middle Initial

Date

VSU ID Number

Department

Major

Anticipated Graduation Date

Is the student enrolled?  
 Entering Freshman?  
 Transfer Student?

Course(s) to Substitute for Course #1:

Prefix/Number & Course Title	Institution where the course was completed	Grade	Semester/Year Completed	Credit Hours	*VSU CORE Area A-F (if applicable)