Xavier University of Louisiana
College of Pharmacy
Course Substitution Form

Instructions:
A. Please complete sections A and B.
B. Please submit a course syllabus for each course that will be reviewed.
C. The course substitution form and the course syllabi should be submitted to the address provided below.

Xavier University of Louisiana
College of Pharmacy
Office of Student Affairs
1 Drexel Drive
New Orleans, LA 70125

Section A: Student Information
Name______________________________ XULA ID # or PharmCAS ID __________ Date _______
E-mail Address ______________________ Phone Number __________________

Section B: Course Information

<table>
<thead>
<tr>
<th>Xavier University Pre-requisite Course</th>
<th>Substitute Course (Title/Number)</th>
<th>Name of College or University</th>
<th>Term Completed (Semester/Year)</th>
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Section C: For Committee Use
Course Approved Yes _______ No ______
Course Reviewed by ____________________________ ____________________________
Print Name ____________________________ Signature ____________________________ Date ____________________________