



XAVIER UNIVERSITY OF LOUISIANA
College of Pharmacy
Course Substitution Form
FALL 2012

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 _____ ID # _____ Date _____

E-mail Address _____ Phone Number _____

Section B: Course Information

Xavier University Pre-requisite Course	Substitute Course (Title/Number)	Name of College or University	Term Completed (Semester/Year)

Section C: For Committee Use

Course Approved Yes _____ No _____

Course Reviewed by _____
Print Name Signature Date