



# 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**

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

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**Section C: For Committee Use**

Course Approved Yes \_\_\_\_\_ No \_\_\_\_\_

Course Reviewed by \_\_\_\_\_  
*Print Name*
*Signature*
*Date*