

DEPARTMENT OF REGISTRATION AND RECORDS  
NORTH CAROLNA STATE UNIVERSITY

**COURSE SUBSTITIUTION**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date: \_\_\_\_\_ ADA Degree Key: \_\_\_\_\_

Course No.	CR. HR.	Semester	Old Link	New Link

Notes:

Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Dean's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Registration and Records Office Use Only