



COURSE SUBSTITUTION FORM

LAGUNA COLLEGE OF ART + DESIGN
ATTN: REGISTRAR'S OFFICE
2222 LAGUNA CANYON RD
LAGUNA BEACH, CA 92651

STUDENT INFORMATION

NAME _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NUMBER _____ EMAIL _____
DATE OF BIRTH _____ MAJOR _____

COURSE SUBSTITUTION

You may only replace a required course with an elective course, not another required course.

REQ'D COURSE TO BE REPLACED		SUBSTITUTE WITH THIS COURSE		AUTHORIZATION
COURSE NUMBER	COURSE TITLE	COURSE NUMBER	COURSE TITLE	DEPT CHAIR SIGNATURE

SIGNATURE _____ DATE _____