

## **LSTC Equivalent Substitution for LSTC Required Course**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Semester/Year: \_\_\_\_\_ Degree Program: \_\_\_\_\_

### **Proposed LSTC Equivalent:**

\_\_\_\_\_

Course Number

\_\_\_\_\_

Course Title

### **LSTC course for which this is to be substituted:**

\_\_\_\_\_

Course Number

\_\_\_\_\_

Course title

Submit completed form to LSTC Registrar

Revised: 10/5/16