This Affidavit should be submitted by candidates who value Louisiana for course substitution because their programs hours in the prescribed courses. (For the list of prescribed	s of study at institutions outside	of Louisiana did not include credit	
Name of Candidate		Social Security Number	
Name of Candidate		Social Security Number	
— ·-	DUISIANA COURSE SUBSTITUTION		
BEFORE ME, the undersigned authority, came and appeared and sworn, states as follows:		, who after being duly deposed	
I am an candidate for the CPA Examination to be administered in	1	, Louisiana on	
Services on behalf of the State Board of Certified Public Account calcurate degree and a minimum of 150 semester (200 quarter also completed at least 24 semester (32 quarter) hours of busing hours of accounting subjects at the undergraduate level, or 21 s number of hours in each category, however, does not coincide Public Accountants of Louisiana.	untants of Louisiana. Such transcript er) hours of postsecondary, graduate iness courses, and that I have comp temester (28 quarter) hours of accou	or postgraduate education. That I have bleted at least 24 semester (32 quarter) nting subjects at the graduate level. The	
I hereby request that the State Board permit a variance of those course(s) which are described as follows:	e requirements set forth in §503.A b	y allowing a substitution of the following	
(1) Name of Course	Hours of Credit	Semester () Quarter ()	
(2) Name of Course	Hours of Credit	Semester () Quarter ()	
for the required course(s) which are described as follow	ws:		
(1) Name of Course	Hours of Credit	Semester () Quarter ()	
(2) Name of Course	Hours of Credit	Semester () Quarter ()	
The text used for the substitute course(s) was			
•	uthor and date of publication)		
Attached hereto is a syllabus outlining the chapters of the aforem	nentioned text which were covered in	the course(s).	
		Signature-Affiant	
Sworn to and subscribed before me this	day of	, 20	
		N. D. P.	
I was the Instructor or am the Registrar or similar officer of th description adequately outlines the content of the said course(s).		Notary Public d the course(s) described above. Such	
		Instructor/Registrar/Officer	
Sworn to and subscribed before me this			
Chair to and Subscribed before the tills	aay oi	, 20	
		Notary Public	

Submit this form at the time of application to: