NORTHEASTERN STATE UNIVERSITY
GRADUATE COLLEGE

REQUEST FOR COURSE SUBSTITUTION

DATE: _____

TO: GRADUATE COLLEGE DEAN

FROM: _____
Advisor

Student: _____ **SSN** _____

Request course substitution of: _____ Substituted for course: _____
(Course #) (Course #)

Course taken _____ at _____
(semester) (school attended)

Reason for substitution:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Requested by: _____ Date: _____
(Advisor's Signature)

Program Chair: _____ Date: _____
(Chair Signature)

Your request has been: ***APPROVED*** ***DISAPPROVED***

Graduate Dean: _____ Date: _____

Comments: _____

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