NSU
NORFOLK STATE UNIVERSITY®

UNIVERSITY COURSE SUBSTITUTION APPROVAL FORM

GRADUATE PROGRAMS

Date _____

Name _____
 Last Name   *First Name*   *Middle Initial*   *Social Security #*

Address _____
 Street Address   *City*   *State*   *Zip Code*

This is a formal request for approval of the following course(s) to be substituted as listed herewith for course(s) required as indicated on the student's evaluation report.

Required Course	Hrs	Substitution	Hrs	Reason

☐ Approved   ☐ Not Approved   _____   _____
                                                    Advisor   *Date*

☐ Approved   ☐ Not Approved   _____   _____
                                          Graduate Program Coordinator   *Date*

☐ Approved   ☐ Not Approved   _____   _____
                                                     Dean   *Date*

☐ Approved   ☐ Not Approved   _____   _____
                                          Director of Graduate Studies   *Date*

Additional Comments

_____

_____

_____

_____

Substitution(s) entered _____ Date_____ Approved but cannot be computerized_____

Revised 10/1/2003