

GRADUATE COURSE SUBSTITUTION FORM

Section A: Student Biographical Information

Last N	lame	Fi	irst Name	Middle Init	ial Date
VSU ID Number	Department		Major	A	nticipated Graduation Date

Section B: Course Substitution Information: List the Required Course(s) to Meet Graduation/Degree Requirement(s).

Course #1) VSU Prefix/Number & Title				Credit Hours
List Course (s) to Substitute for Course #1:				creat nours
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Prefix/Number & Course Title	Institution where the course was completed	Grade	Semester/Year Completed	Credit Hours

Course #2) VSU Prefix/Number & Title				Credit Hours
List Course(s) to Substitute for Course #2:				
Prefix/Number & Course Title	Institution where the course was completed	Grade	Semester/Year Completed	Credit Hour

Course #3) VSU Prefix/Number & Title				Credit Hours
List Course(s) to Substitute for Course #3:				
Prefix/Number & Course Title	Institution where the course was completed	Grade	Semester/Year Completed	Credit Hours

Justification for the Request: Attach appropriate support materials, syllabus, course description, transcript(s), etc. as needed

Section C: Approvals (Please route in order below) This form is not official until it has been signed by the Registrar.

1) Academic Advisor (Signature/Date)	4) Associate Provost for Graduate Studies & Research (Signature/Date)
Department Head (Signature/Date)	5) Registrar (Signature/Date)

3) Dean/Director (Signature/Date)