CIZIK SCHOOL OF NURSING AT UT HEALTH
STUDENT REQUEST FOR: COURSE SUBSTITUTION

(Document that must be submitted: Course Description and Syllabus)
Students: Submit this form, along with your documentation to Tamika Tyler-Smith in the Student Affairs Office for processing. (FAX: 713.500.2107, mail to: 6901 Bertner, Room 220, Houston, TX 77030, or scan and email to: Tamika.R.Tyler@uth.tmc.edu **Submit one Course Substitution credit per each course!

Course Substitution – any CSON course requirement, as approved through the curriculum process, which is replaced/substituted by another CSON course. All course substitutions must ensure the maintenance of academic program integrity.

Student’s Name _______________________________ Student ID# _____________ Date __________

Program _______________________________ Student Advisor _______________________________

I REQUEST EQUIVALENCY CREDIT FOR CSON COURSE:

NURS

<table>
<thead>
<tr>
<th>Course #</th>
<th>Title of Course</th>
<th>Credit Hours</th>
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SUBSTITUTION COURSE INFORMATION

<table>
<thead>
<tr>
<th>Course #</th>
<th>Title of Course</th>
<th>Cr Hrs</th>
<th>Grade</th>
<th>Transcript</th>
<th>Term/Year Completed</th>
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Printed Name of CSON Faculty Member to Review Course _______________________________
Printed Name of CSON Track Director to Approve Course _______________________________

Course(s) listed above taken within the past 3 years (BSN), 5 years (MSN and DNP) or 7 years (PhD)? ___YES ___NO
For BSN level courses: This course is a Junior or Senior level course? (YES or NO)___YES ___NO.

FULL APPROVAL ________ PARTIAL APPROVAL ________ DENIED ________

# Credit Hrs

Signature, Faculty Member Reviewing Course _______________________________ Date

Signature, Track Director to Approve Course _______________________________ Date

Signature, Director, Student Affairs _______________________________ Date

Comments:

__________________________________________

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