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

/Documents 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 SCON course requirement, as approved through the curriculum process, which is replaced/substituted by another SCON 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:

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

Course # | Title of Course | Cr Hrs | Grade | Transcript | Term/Year Completed
----------|----------------|--------|-------|------------|----------------------
NURS

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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