

**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](mailto: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** \_\_\_\_\_

<b>Course #</b>	<b>Title of Course</b>	<b>Credit Hours</b>
*****	*****	*****

**SUBSTITUTION COURSE INFORMATION** \_\_\_\_\_

Course #	Title of Course	Cr Hrs	Grade	Tran-script	Term/Year Completed
NURS					
NURS					
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:**