

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 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 _____

Course # _____ **Title of Course** _____ **Credit Hours** _____

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: