

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	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: