

**FAYETTEVILLE STATE UNIVERSITY  
THE GRADUATE SCHOOL  
COURSE SUBSTITUTION REQUEST**

Student's Name: \_\_\_\_\_ Banner Number: \_\_\_\_\_  
(Last) (First) (MI)

College/School: \_\_\_\_\_ Department: \_\_\_\_\_

**In reference to the student named above, a course substitution is recommended in connection with the course(s) listed below:**

**Required Course**

Course & Number	Description	Semester Hours

**Course to be Substituted**

Course & Number	Description	Semester Hours

**Academic justification for substitution request:**

**Required Course**

Course & Number	Description	Semester Hours

**Course to be Substituted**

Course & Number	Description	Semester Hours

**Academic justification for substitution request:**

**APPROVED** \_\_\_\_\_

**DISAPPROVED** \_\_\_\_\_

\_\_\_\_\_  
 Program Coordinator Date Program Coordinator Date

\_\_\_\_\_  
 Department Chair/Director Date Department Chair/Director Date

\_\_\_\_\_  
 Dean of College/School Date Dean of College/School Date

\_\_\_\_\_  
 Dean/Assistant Dean of The Graduate School Date Dean/Assistant Dean of The Graduate School Date

Cc: Program Coordinator                      Dean of The Graduate School  
 Department Chair/Director              Registrar' Office (Original)  
 Dean of College/School