Salem STATE COLLEGE
Educating you for life.℠

THE GRADUATE SCHOOL
www.salemstate.edu/graduate
352 Lafayette Street, Salem, MA 01970-5353 978.542.6323 email: graduate@salemstate.edu

Course Substitution

This form must be attached to copy of the original *Plan of Study* form. This form is to be used for Salem State College and Northeast Consortium for Staff Development (NCSD) courses only. Please use the *Transfer of Credit* form for approval of courses from other institutions.

To be completed by student.

Full Name: _____ _____
Last Name First Name Middle Initial ID Number

Address: _____
No./Street City/Town State/Province Postal Code

Telephone: _____ **Email:** _____

Graduate Program: _____ **Coordinator:** _____

Request to consider the following course:

Course No.: _____ **Graduate Credits:** _____ **Grade:** _____ **Date Taken:** _____

Title of Course: _____

In lieu of the following course:

Course No.: _____ **Graduate Credits:** _____

Title of Course: _____

To be completed by the program coordinator.

☐ **Course substitution accepted** ☐ **Course substitution rejected**

☐ **Course substitution accepted with the following condition** _____

Notes:

Student Signature: _____ **Date:** _____

Approved by Program Coordinator: _____ **Date:** _____

Approved by Graduate Dean: _____ **Date:** _____

Approved by Registrar: _____ **Date:** _____

Suggested Distribution: Originals to Registrar's Office; Copies to Student, Program Coordinator, Student File

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