

JACKSON STATE UNIVERSITY

Jackson, Mississippi

AUTHORIZATION TO SUBSTITUTE COURSES

Mr. _____
Miss _____
Ms. _____
Mrs. _____ SS# _____

is hereby authorized to substitute _____ with
Course Number Course Title
_____ credit hours for _____ with
_____ credit hours.

The former course was taken during the _____ semester/ _____ summer session, _____ Year

Reason: _____

Approved:

Date _____ Student _____

Date _____ Advisor _____

Date _____ Department Head for Course Substituted _____

Date _____ Department Head _____

Date _____ Dean _____