

This Form Must Be Typed

JACKSON STATE UNIVERSITY
JACKSON, MISSISSIPPI

AUTHORIZATION TO SUBSTITUTE GRADUATE COURSES

Name Student ID Number

is hereby authorized to substitute-

Course Number Course Title Credit Hours

for-

Course Number Course Title Credit Hours

The former course was taken _____
Semester and Year

Reason: _____

Student's Signature Date

Actions Approval Disapproval

Advisor	_____ Signature	_____ Date	_____ Approval	_____ Disapproval
Department Chair	_____ Signature	_____ Date	_____ Approval	_____ Disapproval
Dean of School	_____ Signature	_____ Date	_____ Approval	_____ Disapproval
Dean of Graduate School	_____ Signature	_____ Date	_____ Approval	_____ Disapproval