

Jackson State University
Jackson, Mississippi

AUTHORIZATION TO SUBSTITUTE GRADUATE COURSES

Name Student J 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:

Advisor Signature Date Approve Disapprove

Department Chair Signature Date Approve Disapprove

Dean of School Signature Date Approve Disapprove

Dean of Graduate School Date Approve Disapprove