



Dakota State University Course Substitution Form

Student Name: _____ Student ID Number: _____

Please complete the following information. Attach a copy of previous course syllabi (and unofficial transcript of the grade) or other supporting information that will help determine if your previous experience merits the course substitution. Decisions on course waivers by the program specific committee are final.

DSU course you are requesting to meet the equivalence of: _____

Course you are requesting to be used as a substitution: _____

Granting Institution: _____ Term: _____

Briefly describe what previous experience and coursework fulfills the content of the course you are substituting, and briefly describe why you think the course is transferable.

Student: _____

Date: _____

π Approved

π Not Approved

π Approved with Stipulations

Course Instructor _____

Date: _____

Graduate Program Coordinator: _____

Date: _____

College Dean: _____

Date: _____

Dean of Graduate Studies and Research: _____ Date: _____

Original to Office of Graduate Studies and Research; copies to: Graduate Program Coordinator, Dean of College, and Student.