



Substitution of Graduate Coursework Request

This request should be submitted in the event that there is a need to substitute the required coursework for a graduate degree/program.

Please note, you can type on this form

Part I – T	To be com	oleted by the	student					
Name						Student ID#		
Program						Semester		
Preferred Contact Phone #						Kean Email		
Part II -	Course(s)	to be substitu	ıted					
Course(s) taken at Kean					To be substituted for the following required course(s)			
Course	Course		Grade	Date				
Number	<u>Title</u>		Received	<u>Taken</u>		Course #	<u>Title</u> :	
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					_			
					_			
					_			
Part III -	Approvals							
Program Co	oordinator							
. rog.a o		Print Name			_	Date		
		Signature			_			
Director of Graduate Preliminary Approval Pr					reliminarily Not Approved			
Student Services					s		Signature	
		Final Approval Fi			nal Not Approved			
							Signature	