

TEXAS SOUTHERN UNIVERSITY
OFFICE OF THE REGISTRAR
 3100 Cleburne Street Houston, Texas 77004 / 713-313-7011
COURSE SUBSTITUTION REQUEST - GRADUATE

Student Name: _____ Date: _____
 Student T#: _____ TSU Email Address: _____
 Major: _____ Degree Level: _____
 College: _____ Department: _____

	Subject	Number	Hours	Title	Term
1. Substitute course	_____	_____	_____	_____	_____
Course on degree Plan	_____	_____	_____	_____	_____
2. Substitute course	_____	_____	_____	_____	_____
Course on degree plan	_____	_____	_____	_____	_____
3. Substitute course	_____	_____	_____	_____	_____
Course on degree plan	_____	_____	_____	_____	_____
4. Substitute course	_____	_____	_____	_____	_____
Course on degree plan	_____	_____	_____	_____	_____
5. Substitute course	_____	_____	_____	_____	_____
Course on degree plan	_____	_____	_____	_____	_____

Student Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Faculty Advisor: _____
Name

Signature: _____ Date: _____

Department Chairperson: _____
Name

Signature: _____ Date: _____

Dean of College/School: _____
Name

Signature: _____ Date: _____

Dean of Graduate School: _____
Name

Signature: _____ Date: _____

Degree Works: Completed to update Degree Works: __ Yes

Name: _____

Signature: _____ Date: _____