

**Ida V. Moffett School of Nursing
Course Substitution Request**

Please Print

Student Name:

Date:

Email address:

Phone:

Undergraduate Program: BSN Second Degree
 Graduate Program: Anesthesia FNP Educator Manager
 DNP Program: Advanced Practice Administrator

Samford University course for which substitution is requested

Prefix/ Number:

Title:

Credits:

Course which student is requesting as substitution

Prefix/Number:

Title:

Credits:

Name of College/University:

Semester and Year taken/to be taken:

Grade:

Student Signature:

Approved?

Signatures

Date

Yes No

Course Coordinator:

Yes No

Chair, SON Academic Affairs:

Yes No

Assoc. Dean of Program:

Comments: