

COURSE SUBSTITUTION APPLICATION

This course substitution is valid for the award of the degree approved on this application. Students must complete part I and seek the permission for part II. **Graduate students** should seek approval from their respective Graduate Program Director. **Undergraduate students** should seek approval from department Chairperson.

Submit completed application via email to the Office of the Registrar at:
registraraudit@jjay.cuny.edu

Part I: Completed by Student

Degree Program: ☐ A.S. ☐ B.A. ☐ B.S. ☐ Graduate ☐ Advanced Certificate Program

Major/Graduation Program: _____ EMPLID Number: _____

First Name: _____ Last Name: _____

Current Grade Point Average: _____ Total Credits Completed: _____

Course to be taken by student
(e.g. ENG 2XX)

Course that was required
(e.g. ENG 2XX)

Last semester offered
(e.g. Spring 2006)

_____ for _____

Student Signature (required): _____ Date: _____

Part II: Academic Approval

Instances where the substitution is for a discipline in a department other than the department having curriculum responsibility, the discipline chairperson must also approve the substitution.

FOR UNDEGRADUATE STUDENTS ONLY

As the **Discipline Chairperson**, I ☐ APPROVE ☐ DENY this substitution request.

Discipline Chairperson (Print Name): _____

Discipline Chairperson (Signature): _____ Date: _____

As the **Curriculum Chairperson**, I ☐ APPROVE ☐ DENY this substitution request.

Curriculum Chairperson (Print Name): _____

Curriculum Chairperson (Signature): _____ Date: _____

FOR GRADUATE STUDENTS ONLY

As the **Program Director**, I ☐ APPROVE ☐ DENY this substitution request.

Program Director (Print Name): _____

Program Director (Signature): _____ Date: _____

For Office Use Only

Fall _____ Winter _____ Spring _____ Summer _____ CUNYFirst
update by: _____ Date entered into CUNYFirst: _____