

**GRADUATE ADMISSIONS & SUPPORT SERVICES  
MONTCLAIR STATE UNIVERSITY  
SUBSTITUTION ON GRADUATE WORK PROGRAM**

Use this form when requesting a substitution on your existing work program. Please type or print clearly.  
Return the completed form, with all signatures, to Graduate Admissions & Support Services,  
College Hall 203, Montclair State University, Montclair, NJ 07043

Name \_\_\_\_\_

Date of Request \_\_\_\_\_

Address \_\_\_\_\_

Student ID No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Expected Graduation Date \_\_\_\_\_

Substitute the following course(s) taken at Montclair State:

Course(s) currently appearing on work program:

\_\_\_\_\_ Full Course Number

\_\_\_\_\_ SH

For

\_\_\_\_\_ Full Course Number

\_\_\_\_\_ SH

\_\_\_\_\_ Course Title

\_\_\_\_\_ Course Title

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\_\_\_\_\_ Full Course Number

\_\_\_\_\_ SH

For

\_\_\_\_\_ Full Course Number

\_\_\_\_\_ SH

\_\_\_\_\_ Course Title

\_\_\_\_\_ Course Title

Justification for Substitution: \_\_\_\_\_

Does this alter the *total* number of credit hours required for the student's degree, as indicated on the work program?  
 No  Yes. If YES, what is the new total number of credit hours required for the degree? \_\_\_\_\_

\_\_\_\_\_ Semester course is to be/was taken

\_\_\_\_\_ Graduate Program Coordinator's Approval

\_\_\_\_\_ Date

**For Graduate Admissions & Support Services Use Only**

\_\_\_\_\_ Approved \_\_\_\_\_ Denied ( \_\_\_\_\_ Comments)

\_\_\_\_\_ OGA&SS Academic Services Signature

\_\_\_\_\_ Date

Distribution: Graduate Admissions & Support Services, Student, Program Coordinator