

**THE GRADUATE SCHOOL
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.* After your graduate adviser approves the substitution, all copies of the form should be sent to The Graduate School for final approval.

Name _____ Date of Request _____
 Address _____ Social Security No. ____ - ____ - ____
 _____ Expected Graduation Date _____

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

Course(s) currently appearing on work program:

_____ For _____
 Full Course Number SH Full Course Number SH

 Course Title Course Title

_____ For _____
 Full Course Number SH Full Course Number SH

 Course Title Course Title

_____ For _____
 Full Course Number SH Full Course Number SH

 Course Title Course Title

_____ For _____
 Full Course Number SH 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 Adviser's Approval Date

For the Office of the Registrar's Use Only
 _____ Approved _____ Denied (_____ Comments)

 The Office of the Registrar's Signature Date

Distribution: The Graduate School, Student, Program Coordinator