

# request for substitution of a required course

Please complete and return this form to the Graduate Programs Office in Cushing 202H.  
For any questions, please call 617-552-4928.

This form is for use by students who wish to:

1. transfer in a course that they believe is equivalent to a required course; and/or
2. substitute a different course for a required course

Date: \_\_\_\_\_

APPROVED

Student Name: \_\_\_\_\_

Course Teacher of Record (TOR):

Yes  No

Program:        MS        PhD

Eagle ID / SS #: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Advisor's Name: \_\_\_\_\_

Comments: \_\_\_\_\_

Advisor's approval of substitution: \_\_\_\_\_

Required course name and number: \_\_\_\_\_

## COURSE PROPOSED AS SUBSTITUTE

APPROVED

Name of course: \_\_\_\_\_

Associate Dean:

Yes  No

Course credits: \_\_\_\_\_

Course level (master's, doctoral, other): \_\_\_\_\_

Name (please print): \_\_\_\_\_

College or University: \_\_\_\_\_

Signature: \_\_\_\_\_

When taken / to be taken: \_\_\_\_\_

Comments: \_\_\_\_\_

Rationale for why course is appropriate substitute for the required course:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For courses taken outside of Boston College, the student must have an official transcript sent directly to the Graduate Office of the School of Nursing.

ATTACH COPIES OF COURSE SYLLABUS