



OFFICE OF ACADEMIC & STUDENT SUPPORT SERVICES
50 Nightingale Hall ♦ 360 Huntington Avenue ♦ Boston, MA 02115
Tel 617.373.2400 ♦ Fax 617.373.5545 ♦ www.northeastern.edu/cps

REQUEST FOR COURSE SUBSTITUTION

Instructions:

- Please submit at least three weeks prior to the start of a term/session.
- Review the course requirements for your major or program.
- Identify a comparable course that you would like to use to substitute for a required course.
- Submit form to the Office of Academic & Student Support Services and allow two to three weeks for the request to be processed.

PART I. STUDENT INFORMATION

Student name: _____
First (Given name)
Middle
Last (Family name)

Mailing address: _____
Street
City
State
Zip code

Student ID: 000-_____ Current Degree and Major: _____

Primary telephone number: _____ Email address: _____

PART II. REQUEST FOR COURSE SUBSTITUTION

Term for request: Fall Winter Spring Summer Session 1 Session 2 Year: _____

	Course Number	Course Title
Required Course		
Substitution Course		

If substitution course is NOT a College of Professional Studies course, please provide name of institution of substitution course and attach course description/syllabus: _____

Please provide a brief (one-paragraph) rationale for requesting the substitution.

Student signature

Date

FOR OFFICE USE ONLY: Date assigned: _____ Assigned to: _____
 Signature: _____ Date complete: _____ Petition: Accepted Denied
 Comments: _____