

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

School of Nursing  
Traditional Undergraduate Program  
Course Substitution Request

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

Name of Student Requesting Substitution: \_\_\_\_\_

(If Texas Tech student: R# \_\_\_\_\_)

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

Pre-requisite Course Requested to be Substituted: \_\_\_\_\_

Credit Hours: \_\_\_\_\_

**Information needed on course requested to be used as a substitution.**

Course Name/Number: \_\_\_\_\_

TCCN # (if known): \_\_\_\_\_ Course Credit Hours: \_\_\_\_\_

Course Description: \_\_\_\_\_

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

Course Objectives: **A course syllabus must be submitted along with this request in order to be considered.**

When was this course taken? \_\_\_\_\_

Where was it taken? \_\_\_\_\_

Grade Obtained: \_\_\_\_\_

Substitution Allowed: ☐ Yes ☐ No

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

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

  
Department Chair for the Traditional Undergraduate Program

\_\_\_\_\_  
Date