



Philadelphia University + Thomas Jefferson University

HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

Office of the East Falls University Registrar
Email: TJU_EF_Registrar@jefferson.edu

Course Substitution Form

Last Name: _____

First Name: _____

Campus Key: _____

Term: FL [] SP [] SM []

Student's Program of Study: _____

Catalog Year: _____

Anticipated Date of Graduation: _____

Program Requirement Substitution

Course Substitution for current program requirement (change to program requirement for graduation)

Course Substitution #: _____

Course Title: _____

Removed Course #: _____

Course Title: _____
(Current program requirement)

Program Director/ Associate Dean:

The following approved action will be updated on the student's Degree Audit record and used for graduation certification. Describe in detail what course or action the student must complete to fulfill the requirements of this course substitution above:

Three horizontal lines for describing the approved action.

Program Director (of Student's Program) or Associate Dean's Signature

Date

Print Name of Program Director (of Student's Program) or Associate Dean

Manager of Academic Operations Signature

Date

Print Name of Manager of Academic Operations

PROCESSING: Send Completed Form to TJU_EF_Registrar@jefferson.edu or Thomas Jefferson University, Office of East Fall University Registrar, 4201 Henry Ave. Archer Hall, Philadelphia, PA 19144 Fax: 215-951-2742

Date Received in Registrar's Office

Date Processed by Registrar's Office

A copy of this form and a copy or facsimile of the evidence is to be placed in the student's record