

PLEASE submit the completed pdf form (with attachment) to: nursing-undergraduate-coordinator@sjsu.edu (allow 2- 3 weeks turn around during academic school year- No one available in the summers)

**SAN JOSÉ STATE UNIVERSITY- The Valley Foundation School of Nursing
Electronic Prerequisite Course Substitution Form- Fillable form**

First & Last Name: _____ SJSU ID# (or last 4 of ss#): _____

Email: _____ Are you already an RN? Yes No

Please indicate if you are an applicant for a Spring start or Fall start

ADDRESS: _____ Cell Phone: () _____

City: _____ State: _____ Zip Code: _____

A separate form is required for **each** course substitution request. Check <http://artic.sjsu.edu> first. If no equivalency, complete boxes and type in your specific request and provide documentation, **e.g., school's catalog course description (include as a separate pdf, attached to same email as this fillable form)**, concerning the course you are asking to substitute for one of the identified prerequisites, with catalog description attached, as pdf to nursing-undergraduate-coordinator@sjsu.edu with email subject line: Last name- Prereq. form/description

DIRECTIONS: Once the coordinator has returned the **signed pdf doc**, you will need to save it on your computer files for an online application to nursing, which you will upload to NursingCAS (or, for your regular nursing application for current RNs applying to RN-to-BSN program). You will also need your copy when applying later to graduate from nursing major. AP English and Stats need this form as well, with college board score results attached.

Please note: Individuals seeking an additional Bachelors degree are once again eligible to apply to San José State University. For information, see www.csumentor.edu

NOTE: APPROVAL BY THE SCHOOL OF NURSING TO MEET THE NURSING MAJOR REQUIREMENTS DOES NOT CONSTITUTE APPROVAL TO MEET ANY OTHER UNIVERSITY REQUIREMENTS.

SUBSTITUTION REQUEST

SJSU Prerequisite Course - **Prefix & Number:** _____

SJSU **Course Title** (e.g. *Anatomy with Lab*): _____ SJSU Semester Units: _____

Class taken- **Substitution Course – Prefix & Number:** _____

Course Title (as appears on transcript): _____ Semester/ Year taken _____

Name of College/University: _____ State _____

Semester Units: _____ (or) Quarter Units _____ at stated school.

This section below for Nursing Faculty only to complete.

DECISION by SJSU - Nursing: Approved Not Approved

SJSU Electronic Nursing Faculty Signature:

Comments