

Framingham State University
Office of Graduate Studies
COURSE APPROVAL FORM

Name: _____ Date: _____
Degree: _____ Concentration: _____
Student ID: _____

Substitution Courses taken at Framingham State University

Course #	Title
_____	_____
_____	_____
_____	_____
_____	_____

TRANSFER COURSES

Institution: _____ Level: _____ Credit: _____
Course # and Title: _____
Semester/year: _____ for elective credit or substitute for: _____

Please attach a copy of the course description.

Approved

Denied

Comments:

Approved

Denied

Comments:

Student's Program Coordinator/Date

Student's Advisor/Date

Associate Dean, Graduate Studies/Date

Please forward an official transcript in a sealed envelope: Framingham State University, Office of Graduate Studies, Dwight Hall Room 202, 100 State Street, Framingham, MA 01701.