

Tisch Special Programs

Certificate Substitution Form

New York University, Tisch School of the Arts, 721 Broadway, 12th Floor, New York, NY 10003-6807

Telephone: 212.998.1500 * Web site: specialprograms.tisch.nyu.edu

Personal Information

Name _____ NYU ID Number _____

Email Address _____ Phone _____

Certificate Track: Filmmaking ____ Digital Filmmaking ____ Producing ____ Screenwriting ____

Expected Completion Date (Term/Year) _____

Substitution Information

Courses Completed for the Certificate to date - Please include course numbers and title:

Substitute Course - Please include course number and title for the course you would like to substitute in place of the required certificate course and the reason why you are requesting this substitution [e.g. more relevant to career path, existing expertise, etc.]. Please be very thorough with explanation for substitution request.

Required or Elective Certificate Course:

Substitute Course:

Reason for Substitution:

Please note: The Office of Special Programs may require a course syllabus to complete the evaluation.

INSTRUCTIONS:

Please return to 721 Broadway, room 1249A. If you are completing the certificate this semester, turn in this form at least three weeks before your completion date.

Student Signature and Date

Certificate Advisor Approval