



Course Substitution Application

All signatures should be obtained on this form before returning to the Office of the Registrar – 136 Bradley Hall.

This form is designed to grant permission to the listed student to replace a required course with a course not usually counted for that degree requirement.

COURSE REQUIREMENT: _____ **COURSE TO BE SUBSTITUTED:** _____

Student Name: _____ MSM ID # _____

Student's explanation for need of substitution:

_____.

Recommendation of Academic Advisor:

_____.

Advisor Signature

Date

Recommendation of Department Chair/Program Director:

_____.

Dept. Chair/Program Director Signature

Date

Course Substitution Granted: _____ Course Substitution Denied: _____

Associate Provost Signature

Date

Recorded in Office of the Registrar by: _____