



Request for Course Substitution Form

Please complete this form for each course substitution requested.

Attach: CAPP Compliance

Course Description if request is for a transfer course

Department Name _____

Student Name _____

MSU ID # _____

Expected Graduated Date _____

Courses(s) Requested as Substitute	Course(s)/Area for Which Sub is Requested
_____	_____
_____	_____
_____	_____
_____	_____

Reason for Substitution/Exception: _____

Approved:

Department Head/Advising Coordinator Signature

Date

Dean Signature

Date

Provost Signature
(Required if substitution is university core)

Date