

**REQUEST TO TAKE A PROGRAM OF STUDY
COURSE AT ANOTHER UNIVERSITY**
[Complete a separate form for each course]

Student's Name: _____

Address City State Zip

Date Submitted: _____

Course number and title of course listed on Mississippi State University Program of Study:

Course number and title of proposed substitution course:

University where course is offered: _____

Attach copies of the cover of the graduate catalog and the page on which the course is described.

Additional Information:

NOTE: Submit to your Faculty Advisor or Dissertation Chair. This form must be signed before the course is begun. Submit it well in advance.

Do Not Write Below This Line

_____ Approved Comments:

_____ Disapproved

Advisor/Dissertation Chair Date

Submit the original form to the Department Head. Copies will be sent to the student and will be placed in the student's advising file. Official program change forms will be prepared for the signatures of the committee members.