



# MISSISSIPPI STATE UNIVERSITY™

## COLLEGE OF EDUCATION

### COURSE SUBSTITUTION REQUEST

PLEASE COMPLETE THIS FORM FOR EACH COURSE SUBSTITUTION REQUESTED

**ATTACH:** *Course description (if request is for a transfer course)*

**NAME:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**MAJOR** \_\_\_\_\_ **CONCENTRATION** \_\_\_\_\_ **CATALOG YEAR** \_\_\_\_\_

**REQUIRED COURSE:**

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**SUBSTITUTED COURSE:**

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**JUSTIFICATION FOR SUBSTITUTION** (*please describes how course content is comparable and/or circumstances for substitution*):

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\_\_\_\_\_  
**ADVISOR SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**UNDERGRADUATE COORDINATOR OR DEPARTMENT HEAD**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DEAN (When Necessary)**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PROVOST (When Necessary)**

\_\_\_\_\_  
**DATE**