



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:

SUBSTITUTED COURSE:

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

ADVISOR SIGNATURE

DATE

UNDERGRADUATE COORDINATOR OR DEPARTMENT HEAD

DATE

DEAN (When Necessary)

DATE

PROVOST (When Necessary)

DATE