



MISSISSIPPI STATE UNIVERSITY™
COLLEGE OF EDUCATION

COURSE SUBSTITUION REQUEST

PLEASE COMPLETE THIS FORM FOR EACH COURSE SUBSTITUTION REQUESTED

ATTACH: CAPP Compliance

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

NAME: _____ **ID#:** _____ **NetId:** _____

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