Course Substitution Application

All signatures should be obtained on this form before returning to the Office of the Registrar – 136 Bradley Hall.

This form is designed to grant permission to the listed student to replace a required course with a course not usually counted for that degree requirement.

COURSE REQUIREMENT: ____________________ COURSE TO BE SUBSTITUTED: ________________________

Student Name: _____________________________________________ MSM ID # _______________________

Student’s explanation for need of substitution:
__________________________________________________________________________________________
__________________________________________________________________________________________

Recommendation of Academic Advisor:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Advisor Signature ______________________ Date ______________________

Recommendation of Department Chair/Program Director:
__________________________________________________________________________________________
__________________________________________________________________________________________

Dept. Chair/Program Director Signature ______________________ Date ______________________

Course Substitution Granted: ______________________ Course Substitution Denied: ______________________

Associate Provost Signature ______________________ Date ______________________

Recorded in Office of the Registrar by: __________