



Request for Course Substitution Form

Please complete this form for each course substitution requested.

Attach: CAPP Compliance
Course Description if request is for transfer course

Department Name _____

Student Name _____

MSU ID# _____

Expected Graduation Date _____

Course(s) Requested as Substitute
(please indicate transfer institution)

Course(s)/Area for Which Substitute is Requested

Reason for Substitution / Exception

Director Signature

Date

Dean Signature

Date

Provost Signature

(Required if substitution is general education requirement)

Date