



MISSISSIPPI STATE UNIVERSITY™
COLLEGE OF ARTS & SCIENCES

Request for Course Substitution Form

Please complete this form for each course substitution requested.

Attach: Transcript

Course Description if request is for a transfer course

Department Name _____

Student Name _____

MSU ID # _____

Expected Graduated Date _____

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

Course(s)/Area for Which Sub is Requested

Reason for Substitution/Exception:

Department Head/Advising Coordinator Signature

Date

Dean Signature

Date

Provost Signature

Date

(Required if substitution is university core)