

CFR SUBSTITUTION REQUEST FORM .

Name Major Concentration

MSU or Net ID Local Phone Number Student's Email Address

Course(s) number and title I am requesting to apply as the substitute: course number title Semester course was taken or will be taken: _____ Grade: _____

Course(s) number and title I will not be taking: course number title

I expect to graduate: Fall 202_ Spring 202_ Summer 202_

Justification for Substitution:

Student's Signature Date

Advisor's Signature Date

Undergraduate Program Coordinator Date

Department Head's Signature Date

AA USE ONLY: Confirmed: Date:

Print Form

ResetForm