

# CFR SUBSTITUTION REQUEST FORM

Attach a recent OASIS sheet to this form before securing signatures.

\_\_\_\_\_  
Name Major Option

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

Course(s) number and title I am requesting to apply as the substitute:  Semester course was taken or will be taken: _____ Grade: _____
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Course(s) number and title I will not be taking:  
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I expect to graduate: Fall 201\_\_ Spring 201\_\_ Summer 201\_\_

Justification for Substitution:          
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\_\_\_\_\_  
Student's Signature Date

\_\_\_\_\_  
Advisor's Signature Date

\_\_\_\_\_  
Undergraduate Program Coordinator Date

\_\_\_\_\_  
Department Head's Signature Date

AA USE ONLY: Confirmed: Date:
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