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:
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 201___   Spring 201___   Summer 201___

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]