



College of Agricultural, Consumer and Environmental Sciences
Office of the Associate Dean and Director of Academic Programs
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Course Substitution Application

Student Name: _____
Last First Middle Initial

Student I.D. #: _____ Major: _____ Catalog: _____

I hereby request permission to substitute _____

for: _____ in my undergraduate degree program.

The reason for my request is as follows: _____

Please include implications if substitution involves a general education requirement.

SIGNATURES:

Approval Disapproval _____
STUDENT **DATE**

Approval Disapproval _____
ADVISOR **DATE**

Approval Disapproval _____
DEPARTMENT HEAD **DATE**

Approval Disapproval _____
ASSOCIATE DEAN **DATE**