NM STATE UNIVERSITY

College of Agricultural, Consumer and Environmental Sciences
Office of the Associate Dean and Director of Academic Programs
MSC 3AG
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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: _____ _____
STUDENT **DATE**

Approval ☐ Disapproval ☐ _____ _____
ADVISOR **DATE**

Approval ☐ Disapproval ☐ _____ _____
DEPARTMENT HEAD **DATE**

Approval ☐ Disapproval ☐ _____ _____
ASSOCIATE DEAN **DATE**