

Request for Graduate Program Course Substitution

The University of Southern Mississippi
Graduate School
118 College Drive #5024 Hattiesburg MS 39406

*This PDF form is fillable. Handwritten copies will not be accepted.
Completed form should be submitted via email*

Date: _____

Please complete this form for any deviations from the published coursework degree requirements.

Student Name (First, Middle, Last): _____ Student ID: _____

Degree: _____ Emphasis: _____

Was the transfer course(s) used toward another degree?

If yes, the course(s) can not be used to satisfy current degree requirements. Please contact the Graduate School Degree Auditor for options.

<u>Required Course</u>	<u>Substitution Course</u>	<u>Transfer Course</u>	<u>Transfer Institution</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name

Signature

Advisor:

Advisor:

Graduate Director/
Coordinator:

Graduate Director/
Coordinator:

Graduate School Use Only

Degree Auditor Processed:

Date Processed: