

Request for Graduate Program Course Substitution

The University of Southern Mississippi
Graduate School

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>Requested Substituted Course</u>	<u>Semester/Term Sub-Course Taken</u>	<u>Transfer Course</u>
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Name

Signature

Advisor:

Advisor:

Graduate Director/
Coordinator:

Graduate Director/
Coordinator:

Graduate School Use Only

Degree Auditor Processed: