

COLLEGE OF BUSINESS

Office of the Dean
MSC 3AD
New Mexico State University
P.O. Box01
Las Cruces, NM 88003-8001

Phone: 575-646-2821 Fax: 575-646-6155

http://business.nmsu.edu

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 s	substitution involves a gene	eral education requirement.
SIGNATURES:		
	STUDENT	DATE
Approval 🗆 Disapproval 🗆		
	ADVISOR	DATE
Approval □ Disapproval □		
	DEPARTMENT HEAD	DATE
Approval □ Disapproval □		
	ASSOCIATE DEAN	DATE