

**COLLEGE OF BUSINESS**

Office of the Dean

MSC 3AD

New Mexico State University

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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 substitution involves a general education requirement.

SIGNATURES:_____
STUDENT_____
DATEApproval ☐ Disapproval ☐_____
ADVISOR_____
DATEApproval ☐ Disapproval ☐_____
DEPARTMENT HEAD_____
DATEApproval ☐ Disapproval ☐_____
ASSOCIATE DEAN_____
DATE