

**COLLEGE OF BUSINESS**

Office of the Dean

MSC 3AD

New Mexico State University

P.O. Box 01

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:

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Please include implications if substitution involves a general education requirement.

**SIGNATURES:**\_\_\_\_\_  
STUDENT\_\_\_\_\_  
DATEApproval ☐ Disapproval ☐\_\_\_\_\_  
ADVISOR\_\_\_\_\_  
DATEApproval ☐ Disapproval ☐\_\_\_\_\_  
DEPARTMENT HEAD\_\_\_\_\_  
DATEApproval ☐ Disapproval ☐\_\_\_\_\_  
ASSOCIATE DEAN\_\_\_\_\_  
DATE