



OFFICE OF GRADUATE STUDIES  
ALCORN STATE UNIVERSITY  
Lorman, Mississippi 39096

Substitution Request Form

**Form Must Be Typed:**

Department: \_\_\_\_\_

**THE STUDENT'S UP-TO-DATE PROGRAM OF STUDY SHEET MUST BE ATTACHED**

Please send form(s) to: Office of Graduate Studies  
1000 ASU Drive #689  
WWAB Suite 519  
Lorman, MS 39096

Dear Graduate Studies Administrator: This is a request to make the following course substitution(s).

<b><u>Course to Substitute</u></b>	<b><u>Course Required:</u></b>
Substitute _____	FOR _____
Substitute _____	FOR _____
Substitute _____	FOR _____
Substitute _____	FOR _____

**Must provide an explanation of actions taken, substitution(s): Use additional page if necessary.**

**Student Information:**

Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Major: \_\_\_\_\_ Concentration: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_ Total Credit Hours: \_\_\_\_\_ Catalog Year: \_\_\_\_\_

Respectfully submitted:

Advisor \_\_\_\_\_ Date \_\_\_\_\_

Department Chair \_\_\_\_\_ Date \_\_\_\_\_

Dean of School \_\_\_\_\_ Date \_\_\_\_\_

Approved by: \_\_\_\_\_

Graduate Studies Administrator

Date