Request for Graduate Program Course Substitution

The University of Southern Mississippi
Graduate School
118 College Drive #5024 Hattiesburg MS 39406

This PDF form is fillable. Handwritten copies will not be accepted.

Please complete this form for any deviations from the published coursework degree requirements.

Student Name (First, Middle, Last): _____ Student ID: _____ Date: _____

Degree: _____ Emphasis: _____

Is the course(s) to be substituted a transfer course? _____ If yes, name of transfer institution: _____

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. _____

Required Course _____ Substitute Course (if transfer course, verify course was not used in a previous degree) _____

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Required Course _____ Substitute Course (if transfer course, verify course was not used in a previous degree) _____

	Print Name	Signature	
Advisor:	_____	Advisor: _____	Date: _____
Graduate Director/Coordinator:	_____	Graduate Director/Coordinator: _____	Date: _____

Graduate School Use Only

Degree Auditor Processed: _____ Date: _____