

Management Sciences Option

Course Substitution Form

Please print and send to Option Coordinator

Student Information

Name _____ ID _____ Dept _____

Request Type

Course Substitution Course Approval

Course to be replaced _____

Course to be Approved

Institution _____ Course Number _____

Course Title _____ Term _____

Rationale for
Substitution/
Addition

Approval Signatures

Home Department Conditions

MSCI Department Conditions

Associate Chair Date

Option Coordinator Date