Computer Science Dept. * Course Substitution Agreement

Student must meet with advisor and have this form completed with required signatures before registering for a course taken to substitute a program requirement or elective. The student is responsible for completing the Undergraduate Credit Adjustment Form for any course substitutions before graduation.

Print Name: ____________________________________ Major: ____________________________________

CWID: _________________________ MSU Email: ______________________________ @mail.montclair.edu

Anticipated Graduation (Semester & Year): ______________________________________________

Course to be enrolled in: ____________________________________

Course being substituted: ____________________________________

Reason for Request: _____________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Print Advisor Name: _________________________________________________________________

Advisor’s justification: ______________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Student Signature: ____________________________________ Date: ______________________

Advisor Signature: ____________________________________ Date: ______________________

Department Chair or Admin Signature: ____________________________________ Date: ______________

Return a completed copy of this form to the Department Administrator (RI 303).

Revised 9/8/2011