

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).