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