Measurement and Quantitative Methods
MICHIGAN STATE UNIVERSITY

Graduate Course Waiver/Substitution Approval Form

Student Name _____ APID _____

Course name _____ ☐ Waiver ☐ Substitution

*For CEP 933 and CEP 934, please attach syllabi or other documentation that shows mastery of course content.

If a substitution, the required class has been substituted with:

_____	_____	_____	_____
Class Number	Course Title	Semester	Instructor

Comments:

Approved by:

_____ _____
Advisor Date

_____ _____
MQM Program Director Date