



Prerequisite Substitution/Fulfillment Request
Application Cycle 2022-2023

Please review the [Mississippi State University DVM prerequisites](#) and examples prior to submitting this form. This form is for students who are requesting a course substitute or to determine if a course fulfills one of the listed MSU DVM prerequisites. All courses must be completed at an accredited institution.

Attach a syllabus along with this completed form to an email with the subject "Prerequisite Substitution: Last Name, First Name" (Ex. Prerequisite Substitution: Smith, Jane) to admit@vetmed.msstate.edu.

Last Name _____ First Name _____

Email Address _____ Bachelor's Completed Yes No

I have AP credit(s) I will be using to fulfill a MSU CVM prerequisites course. Yes No

If yes, I understand I am required to have an AP certification sent to admit@vetmed.msstate.edu.

	Institution (Where course was completed.)	Course Number	Course Name	Hours (Number/Type)	Link to Course Information (i.e. Course Catalog or Bulletin)
1					
2					
3					
4					
5					

Ex: School Name MCB 4403 Prokaryotic Biology 3/Semester Add link to the course description

	MSU Prerequisite Needing Substitution / Fulfillment	Explanation for Substitution (Provide any Dept. or College links with information as well)
1		
2		
3		
4		
5		

Ex: Microbiology MCB 4403 is a microbiology course. Please see the attached syllabus.