



Prerequisite Substitution/Fulfillment Request
Application Cycle 2023-2024

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 and email to admit@vetmed.msstate.edu.

First Name _____ Last Name _____

Bachelor's Completed Yes No

I have AP credit(s) I will be using to fulfill a MSU CVM prerequisite 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)	Term	Link to Course Information (i.e., Course Catalog or Bulletin)
1						
2						
3						
4						
5						

Ex: School Name MCB 4403 Prokaryotic Biology 3/Semester Spring 23 Add link to the course description

	MSU Prerequisite Needing Substitution / Fulfillment	Explanation for Substitution <small>(Provide any Institution/Dept./College links with information. Please note whether a course was repeated and provide the original course number, name, and term completed)</small>
1		
2		
3		
4		
5		

Ex: Microbiology MCB 4403 is the microbiology course at my institution. Please see the attached syllabus and link to the biology course description.