



Prerequisite Substitution/Fulfillment Request
Application Cycle 2024-2025

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 Major _____

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 if they do not appear on my official college transcript.

	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 (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)
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.

In order to review science prerequisites you must provide your institutions course numbering system. Place a link to the information or attach a screenshot to this form.

*** This form is only valid for one application cycle. Decisions provided are subject to change based on further information gathered during the processing of your VMCAS application.**

Questions can be emailed to admit@vetmed.msstate.edu.