



# REQUEST FOR COURSE SUBSTITUTION/ ADVISOR APPROVED ELECTIVES BACHELOR'S DEGREE PROGRAM (MAJOR OR MINOR)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ CIN: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ Business: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Have you applied for graduation:  Yes  No  
*Expected Quarter of Graduation*

Substitution/electives Requested for  Major Program: \_\_\_\_\_  
 Minor Program: \_\_\_\_\_

DELETE FOLLOWING COURSES			SUBSTITUTE FOLLOWING COURSES OR LIST ADVISOR APPROVED ELECTIVES			
Dept. & Course #	Course Title	Units	Dept. & Course #	Source School	Group #	Units

REASON FOR SUBSTITUTION:

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair or Designee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_