CALIFORNIA STATE UNIVERSITY, LOS ANGELES
College of Engineering, Computer Science, and Technology
Department of Electrical & Computer Engineering

COURSE SUBSTITUTION ON MASTER’S DEGREE PROGRAM APPLICATION

Last Name: __________________________ First Name: __________________________ CIN: __________________________

Address: ____________________________________________________________

City: __________________________________________ Zip Code: __________________

Telephone: (Home) __________ Business: ______________ Email: __________

Once a course has been completed, it may not be added to or deleted from approved program.

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State the reason(s) for requested change(s): ______________________________________
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Student’s Signature ___________________________________________ Date __________
Advisor’s Signature ___________________________________________ Date __________
Department Chairperson’s Signature _______________________________ Date __________

Form EGS-5