



CAL STATE LA

CALIFORNIA STATE UNIVERSITY, LOS ANGELES

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 this Course			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: _____