



DEPARTMENT OF
**MECHANICAL
ENGINEERING**

Course Substitution Request Master's Degree Program

Name _____

CIN _____

Email _____

Indicate below any courses that you are requesting to delete(remove) form your MS Program and any courses that you are requesting to add to your MS Program.

Delete			Add		
Course Subject/#	Course Title	Units	Course Subject/#	Course Title	Units

Justification:

➤ I _____ acknowledge that, per University policy, a course
(Student Signature)

may not be added to or deleted from a program plan **after** it has been taken.

Advisor's Approval _____

Date _____

Department Chair's Approval _____

Date _____

After filling out all fields, including the name of your academic advisor, send the form to the department office.
(me.ecst@calstatela.edu)