



DEPARTMENT OF
**MECHANICAL
ENGINEERING**

Course Substitution Application
Master's Degree Program

Name _____ CIN _____

Email _____ Program _____

| Delete | | | Add | | | Advisor Approval |
|------------------|--------------|-------|------------------|--------------|-------|-------------------------|
| Course Subject/# | Course Title | Units | Course Subject/# | Course Title | Units | |
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Justification:

➤ I _____ acknowledge that, per University policy, a course **may not**
(Student Signature)

be added to or deleted from a program plan **after** it has been taken.

Department Chair's Approval _____ Date _____

Associate Dean's Approval _____ Date _____