



**REQUEST FOR COURSE SUBSTITUTION/ ADVISER 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 ADVISER APPROVED ELECTIVES		
Dept. & Course #	Course Title	Units	Dept. & Course #	Course Title	Units

REASON FOR SUBSTITUTION:

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Student's Signatures: \_\_\_\_\_

Date: \_\_\_\_\_

**Approvals**

Advisor's Signatures: \_\_\_\_\_

Date: \_\_\_\_\_

Department Chair or Designee's Signatures: \_\_\_\_\_

Date: \_\_\_\_\_