CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS

**Enrollment Services**
Records and Registration
One University Drive
Camarillo CA,93012
Phone: (805) 437-8500

# REQUEST FOR COURSE SUBSTITUTION
# GENERAL EDUCATION/GRADUATION REQUIREMENT

Name: _____ Date: _____

Student ID: _____ Phone: _____

E-mail Address: _____ G.E. Catalog Year: _____

Major/ Area of Concentration/Emphasis &/or Minor: _____

List the courses you wish to have considered for substitution below. **Attach a photocopy of the catalog course description or a course syllabus for each course (syllabus strongly recommended.)** If you have attended more than one institution, please turn in a separate form for each institution. An incomplete form may delay a decision on your substitution request. A specific grade requirement may change the substitution decision. Please attach an unofficial transcript as proof of grade and review catalog for minimum grade required.

Transfer Institution: _____ City/State: _____

| Approve | Deny | Transfer Course Subject/ Number | Transfer Institution Course Title | Term/ Year Taken | Grade | CSUCI General Education or Graduation Requirement |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Comments to support request: _____

_____

_____

_____

**Student's signature:** _____

Date: _____

**Return completed document to the Enrollment Center, Sage Hall.**
A decision and/or response will be communicated via Dolphin email, per the student communication policy (SP04-20) (SA.07.008).

| General Education Categories | | |
|---|---|---|
| A-1 | Oral Communication | |
| A-2 | English Writing | |
| A-3 | Critical Thinking | |
| B-1 | Physical Sciences ☐ Lab met | |
| B-2 | Life Sciences-Biology ☐ Lab met | |
| B-3 | Mathematics | |
| B-4 | Computers and Information Technology | |
| C-1 | Art | |
| C-2 | Literature Courses | |
| C3-a | Language | **Grade of "C" or better for Graduation req.** |
| C3-b | Multicultural | |
| D | Social Perspectives | |
| E | Human Psychological and Physiological Perspectives | |

***Administrative Use Only- GE Committee/ Curriculum Committee:***

Comments: _____

GE Chair Signature: _____ Date: _____

Curriculum Chair Signature: _____ Date: _____

*****PLEASE FORWARD FORM TO RECORDS AND REGISTRATION AFTER COMMITTEE REVIEW*****

***Administrative Use Only- Records & Registration***

Processed by:_____ PS Update:_____ Student Notified:_____

(Staff Initials) (Date) (Date)