

COURSE SUBSTITUTION OF MAJOR OR MINOR REQUIREMENTS FOR BACHELOR'S DEGREE

Name: _____ Date: _____

Student ID: _____ Phone: _____

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 for the year taken (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 review catalog for minimum grade required and attach a grade report as proof of grade.

Transfer Institution: _____ City/State: _____

Approve	Deny	Transfer Course				CSUCI Course	
		Subject/ Number	Course Title	Term/ Yr Taken	Grade	Subject/ Number	Course Title

Comments that will support or substantiate your 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).

Office Use Only- Major/Minor Program Chair/Faculty Advisor (or Designee)

Comments: _____

Faculty Advisor/Program Chair Print Name: _____

Faculty Advisor/Program Chair Signature: _____ Date: _____

PLEASE FORWARD FORM TO RECORDS & REGISTRATION AFTER PROGRAM CHAIR/FACULTY ADVISOR HAS REVIEWED

Office Use Only-Records & Registration

Processed by _____ PS Update: _____ Student Email Notification: _____
(Staff Initials) (Date) (Date)