

Course Substitution General Education/Graduation Requirement

Name _____ Student ID _____

E-mail _____ Phone _____

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 Subject/ Course #	Transfer Course Title	Term & Year Taken	Grade	CSU Channel Islands GE or Graduation Requirement

Comments:

Student's Signature _____

Date _____

Please sign and return to Enrollment Services, Sage Hall. You may also turn in this form via mail or e-mail to registrar@csuci.edu. The form will be routed for review on your behalf. 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
- B-2 Life Sciences-Biology
- B-3 Laboratory component
- B-4 Math/Quantitative Reasoning
- C-1 Art
- C-2 Humanities
- D Social Perspectives
- E Human Psychological & Physiological Perspectives
- F Ethnic Studies
- Language (C- or better; Graduation Requirement)
- Multicultural (Graduation Requirement)
- GWAR (Graduation Requirement)

Administrative Use Only-GE Committee

Comments: _____

GE Chair Signature: _____ Date: _____

*****PLEASE FORWARD FORM TO REGISTRAR'S OFFICE AFTER REVIEW*****

Administration Use Only-Registrar's Office

Processed by: _____ PS Update: _____ Student Notified: _____
(Staff initials) (Date) (Date)