

Please route via your departmental
Graduate Coordinator

Last Name

First name, MI.

Student ID

Home Phone

Daytime Phone

Email Address

Approval

Signed

Title

Department

Request for Course Substitution in Master's Degree Program



DATE

Courses to be Dropped

Department

Course Title

Course No.

Units

Semester

Department

Course Title

Course No.

Units

Semester

Courses to be Added

Department

Course Title

Course No.

Units

Semester

Department

Course Title

Course No.

Units

Semester