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| Complete all areas:   |  | | --- | |  |   Major   |  |  | | --- | --- | | Catalog Year: |  |   Anticipated term of graduation:   |  |  | | --- | --- | | Year: |  |   Spring  Summer  Fall | |  |  | | --- | --- | | |  | | --- | |  | | | Date | | |  | | --- | |  | | | Advisor |   Return To:  COA  COBCS  COEHP  COLS  UC |

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Student Identification Number Telephone Number

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Course Substitutions:

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| Course/Area  to be credited:  Course Identification:   |  |  |  | | --- | --- | --- | |  |  |  |   Abbr. Number   |  | | --- | |  |   Title   |  |  | | --- | --- | | Area to be applied to: |  | |  | Course Taken:  Course Identification:   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |   Abbr. Number Sem. Hr. Grade   |  | | --- | |  |   Title  At CSU? Yes No  If no, school at which course was taken:   |  |  |  |  | | --- | --- | --- | --- | | Name: | | |  | | City: |  | | | | State: | |  | |   **(Attach catalog description)** |  | Recommendation for Approval:     |  |  |  |  | | --- | --- | --- | --- | | Yes No |  |  |  |   Dean Date   |  |  |  |  | | --- | --- | --- | --- | | Yes No |  |  |  |   ASC Chair Date  Decision:   |  |  |  |  | | --- | --- | --- | --- | | Yes No |  |  |  |   VPAA Date |

Justification for substitution:

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| Course/Area  to be credited:  Course Identification:   |  |  |  | | --- | --- | --- | |  |  |  |   Abbr. Number   |  | | --- | |  |   Title   |  |  | | --- | --- | | Area to be applied to: |  | |  | Course Taken:  Course Identification:   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |   Abbr. Number Sem. Hr. Grade   |  | | --- | |  |   Title  At CSU? Yes No  If no, school at which course was taken:   |  |  |  |  | | --- | --- | --- | --- | | Name: | | |  | | City: |  | | | | State: | |  | |   **(Attach catalog description)** |  | Recommendation for Approval:     |  |  |  |  | | --- | --- | --- | --- | | Yes No |  |  |  |   Dean Date   |  |  |  |  | | --- | --- | --- | --- | | Yes No |  |  |  |   ASC Chair Date  Decision:   |  |  |  |  | | --- | --- | --- | --- | | Yes No |  |  |  |   VPAA Date |

Justification for substitution:

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Other (attach additional sheets if needed):

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| Recommendations for Other/Initials: | Y/N |  | Y/N |  | Decision: Y/N |  |
| Date: |  |  |  |  |  |  |