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| Complete all areas:

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Major

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| --- | --- |
| Catalog Year: |   |

Anticipated term of graduation:

|  |  |
| --- | --- |
| Year: |   |

[ ]  Spring[ ]  Summer [ ]  Fall |

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| Date |
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 |
| Advisor |

Return To:[ ] COA[ ] COBCS[ ] COEHP[ ] COLS[ ] UC |

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Student Identification Number Telephone Number

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|   |
| Name |
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| Street Apt. # |
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| City State Zip  |

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Course Substitutions:

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| Course/Areato be credited:Course Identification:

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Abbr. Number

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Title

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| Area to be applied to: |   |

 |  | Course Taken:Course Identification:

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Abbr. Number Sem. Hr. Grade

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TitleAt CSU? [ ] Yes [ ] NoIf no, school at which course was taken:

|  |  |
| --- | --- |
| Name: |   |
| City: |   |
| State: |   |

**(Attach catalog description)** |  | Recommendation for Approval:

|  |  |  |  |
| --- | --- | --- | --- |
| [ ] Yes [ ] No |  |  |  |

 Dean Date

|  |  |  |  |
| --- | --- | --- | --- |
| [ ] Yes [ ] No |  |  |  |

 ASC Chair DateDecision:

|  |  |  |  |
| --- | --- | --- | --- |
| [ ] Yes [ ] No |  |  |  |

 VPAA Date |

Justification for substitution:

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Course/Areato be credited:Course Identification:

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Abbr. Number

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Title

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| Area to be applied to: |   |

 |  | Course Taken:Course Identification:

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Abbr. Number Sem. Hr. Grade

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TitleAt CSU? [ ] Yes [ ] NoIf no, school at which course was taken:

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| --- | --- |
| Name: |   |
| City: |   |
| State: |   |

**(Attach catalog description)** |  | Recommendation for Approval:

|  |  |  |  |
| --- | --- | --- | --- |
| [ ] Yes [ ] No |  |  |  |

 Dean Date

|  |  |  |  |
| --- | --- | --- | --- |
| [ ] Yes [ ] No |  |  |  |

 ASC Chair DateDecision:

|  |  |  |  |
| --- | --- | --- | --- |
| [ ] Yes [ ] No |  |  |  |

 VPAA Date |

Justification for substitution:

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Other (attach additional sheets if needed):

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