



Course Substitution Application

Name _____ CIN _____

Email _____ Program _____

| Delete | | | Add | | |
|------------------|--------------|-------|------------------|--------------|-------|
| Course Subject/# | Course Title | Units | Course Subject/# | Course Title | Units |
| | | | | | |
| | | | | | |
| | | | | | |
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Check one or both:

Apply these changes to my master's program plan and/or credential plan

Justification:

➤ I _____ acknowledge that, per University policy, a course **may not**
(Student Signature)

be added to or deleted from a program plan **after** it has been taken.

Advisor's Approval _____ Date _____

Division Chair's Approval _____ Date _____

Associate Dean's Approval _____ Date _____