Course Substitution of Major or Minor
Requirements for Bachelor's Degree

Name ___________________________ Date ____________

Student ID ______________________ Phone __________________________

Major/Minor _____________________ Concentration/Emphasis/Option ______________

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 for the year taken (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 review catalog for minimum grade required and attach a grade report as proof of grade.

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<th>Institution</th>
<th>City/State</th>
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<tr>
<th>Approve</th>
<th>Deny</th>
<th>Transfer Course Subject/Number</th>
<th>Transfer Institution Course Title</th>
<th>Units</th>
<th>Term/Year Taken</th>
<th>Grade</th>
<th>CSU Channel Islands Major/Minor Requirement</th>
<th>Units</th>
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Comments that will support or substantiate your request:

_____________________________________________________________________________________________________________________________________________________

Student's Signature ___________________________ Date __________

Return completed document to the Enrollment Center, Sage Hall.

A decision and/or response will be communicated via Dolphin email, per the student communication policy (SP04-20) (SA.07.008).

**Administrative Use Only-GE Committee/Curriculum Committee:**
Comments: ____________________________________________________________________________________________

Faculty Advisor/ Program Chair Print Name: ____________________________________________

Faculty Advisor/ Program Chair Signature: ____________________________________________ Date: __________

***PLEASE FORWARD FORM TO RECORDS AND REGISTRATION AFTER PROGRAM CHAIR/FACULTY ADVISOR HAS REVIEWED***

*Disclaimer to faculty: If unit value is less than CI units, units in the major will be waived. No sub will waive university graduation unit totals.*

Administrative Use Only- Records & Registration

Processed by: __________ PS Update: __________ Student Notified: __________ Checklist Updated: __________ (Staff Initials): __________

(Date) (Date) (Date)

G:\AR\30 - RECORDS & REGISTRATION\02 Documentation_How to Guides_Training Materials\Forms\Student Forms Revised 03/08/2016