

Course Substitution/Exemption Form

Please allow _____
Course name, number, # of units

To fulfill the requirement(s) for: _____
Course name, number

For: _____
Student last name, first name, Andrew ID, class

Explanation:

Student Signature: _____ Date: _____

Attach course description and please submit to:

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Approved

Not Approved

IS Academic Advisor Signature / Date

Academic Audit Updated: _____ Date: _____

Revised: 11/2022