Please allow ____________________________
Course name, number, # of units (attach a course description)
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:
Gary J. DiLisio
Senior Academic Advisor
Information Systems Program
Dietrich College of Humanities and Social Sciences
Porter Hall 222F
gdilisio@andrew.cmu.edu

☐ Approved
☐ Not approved
Department Signature, Date

Academic Audit Updated: __________ Date: __________