

## 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: \_\_\_\_\_