

## APPLICATION FOR COURSE SUBSTITUTION ON MASTER'S DEGREE OR CONDITIONAL PROGRAM

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Type student's name, street address,  
City, state and zip code below:

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INTERDISCIPLINARY STUDIES      \_\_\_\_\_ MA      \_\_\_\_\_ MS

Campus Identification Number (CIN) \_\_\_\_\_

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<b>DELETE</b>		
Dept. & Course No.	Course Title	Quarter Units

<b>SUBSTITUTE</b>		
Dept. & Course No.	Course Title	Quarter Units

**ONCE COMPLETED, A COURSE MAY NOT BE ADDED TO OR DELETED FROM AN  
APPROVED PROGRAM**

If the course has been completed, give justification for waiver of above rule:

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Faculty Adviser: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Associate Dean