



### Course Substitution

Semester:  Spring  Fall  Summer Year: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

The student named above has been authorized to use the following course(s) under \_\_\_\_\_

Degree Program

Approved Course substitutions:

\_\_\_\_\_ for \_\_\_\_\_

\_\_\_\_\_ for \_\_\_\_\_

\_\_\_\_\_ for \_\_\_\_\_

\_\_\_\_\_ for \_\_\_\_\_

Department Chair \_\_\_\_\_

Signature

Date

If you have any questions, please contact a Campus VA Office:

Northridge 223-4356

Riverside 223-6165