**California State University, Stanislaus**
**Enrollment Services**
**One University Circle**
**Turlock, CA 95382**
**(209) 667-3264**

# Substitution for (or Waiver of) Departmental Degree Requirement

**(No Fee Required)**

Instructions: **This form should be used to request substitution of a course for another course which applies to a departmental requirement. A copy of the approved action should be submitted to Enrollment Services to ensure proper evaluation of credit toward a major or minor requirement.**

University ID#: _____ Date: _____

Name: _____
Last First Middle

Address: _____
Street # & Name City State Zip

Telephone#: _____ Class Level: _____

Major: _____ Minor: _____

Concentration: _____ Major Advisor _____

**CSUS Department course requirement:** _____
Prefix/No. Title Units

**Substitute course offered in fulfillment of requirement:**

_____
Institution Prefix/No. Title Units

**Reason substitution should be granted:**

_____
Student's Signature Date

**Instructor/Advisor Recommendation:**

_____
Instructor/Advisor Signature Date

**Dept. Chair Action:** Approved ☐ Denied ☐

_____
Dept. Chair's Signature Date

**Distribution:** **White: Enrollment Services** **Yellow: Department** **Eval:2008:ekb**
**2NCR w/y**