

ACADEMIC ADVISEMENT REPORT

Course Substitutions

RETURN TO THE OFFICE OF UNDERGRADUATE STUDIES, SEARS 447

Part I: Please complete

Name: _____ CWRU ID # _____ CWRU Email: _____
(seven digit number)

Entered CWRU: _____ (Month, Year) Please change my graduation date (select one): Yes · No
Requirement Term: _____ (Semester, Year) Graduation Term (select one): Fall · Spring · Summer _____
(Year)

Program/Plan Information (use separate forms for different degrees)

School: CAS WSOM ENG NURS

Degree: BA BS BSE BSN

Major Plan(s): _____

Minor Plan(s): _____

Concentration / Sequence Subplan: _____

(Required for Anthropology, Classics, Theatre, Music, Physics BS, Biomedical Engineering, Artificial Intelligence, Computer Science BS, Systems & Control Engineering, Business Management and Didactic Program in Dietetics.)

Part II: Please complete all sections that apply.

TECHNICAL ELECTIVES:

Courses that are not pre-approved require advisor approval.

_____, _____, _____

_____, _____, _____

Advisor Approval:

Print Name _____

Signature _____ Date _____

OFFICE USE ONLY

RG:

R:

LN:

Override #

COURSE SUBSTITUTIONS:

Substitute _____ for _____

Substitute _____ for _____

Substitute _____ for _____

Advisor Approval:

Print Name _____

Signature _____ Date _____

OFFICE USE ONLY

RG:

R:

LN:

Override #

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Override #

OTHER CHANGES

Approval is required from the appropriate major or minor advisor or departmental representative if the course is not pre-approved (i.e., documented in the *Handbook for Undergraduate Students, General Bulletin*, or other departmental documentation).

Advisor Approval:

Print Name _____

Signature _____ Date _____

OFFICE USE ONLY

RG:

R:

LN:

Override #

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Override #

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LN:

Override #

I hereby certify that the corrections listed on this form are correct to the best of my knowledge.

Student Signature _____ **Date** _____