

# ACADEMIC ADVISEMENT REPORT

Course Substitutions

RETURN TO THE OFFICE OF UNDERGRADUATE ADVISING SUPPORT, SEARS 340

## Part I: Please complete

Name: _____	CWRU ID # _____ <small>(seven digit number)</small>	CWRU Email: _____
Entered CWRU: _____ <small>(Month, Year)</small>	Four-Year Advisor: _____	
Update Bulletin Term?    N    Y	Please change my graduation date ( <i>select one</i> ): Yes    No	
New Bulletin Term: _____ <small>(Semester, Year)</small>	Graduation Term ( <i>select one</i> ): Fall    Spring    Summer _____	Four-Year Advisor Approval: _____
<b><u>Program/Plan Information</u></b> <small>(use separate forms for different degrees)</small>		
School: CAS    MGT    CSE    NUR		
Degree: BA    BS    BSE    BSN		
Major Plan(s): _____		
Minor Plan(s): _____		
Concentration / Sequence Subplan: _____		
<small>(Required for Anthropology, Classics, Theatre, Music, Physics BS, Biomedical Engineering, Civil Engineering, Computer Science BS, Systems &amp; Control Engineering, Business Management and Sociology.)</small>		

## Part II: Please complete all sections that apply.

Approval is granted based on school or college:

CAS + NUR: Faculty Advisor

CSE + MGT: Academic Rep or Designate

<b>ELECTIVES (Technical or Otherwise):</b>	
Courses that are not pre-approved require advisor approval.	
_____, _____, _____	
_____, _____, _____	
<b>Approver:</b>	<b>UAS Office Use ONLY:</b>
Print Name _____	
Signature _____ Date _____	
Processed by: _____	
Date: _____	

<b>DIRECT COURSE SUBSTITUTIONS:</b>	
Substitute _____	for _____
Substitute _____	for _____
Substitute _____	for _____
<b>Approver:</b>	<b>UAS Office Use ONLY:</b>
Print Name _____	
Signature _____ Date _____	
Processed by: _____	
Date: _____	

{Please submit within 30 days after Advisor/Designate Approval or a new form must be submitted}

**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).

**Approver:**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Four-Year Advisor Approval:**

Name \_\_\_\_\_ Date \_\_\_\_\_

**Office Processing:**

Completed by \_\_\_\_\_ Date \_\_\_\_\_

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

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

{Please submit within 30 days after Advisor/Designate Approval or a new form must be submitted}