ACADEMIC ADVISEMENT REPORT
Corrections/Course Substitutions
RETURN TO THE OFFICE OF UNDERGRADUATE STUDIES, SEARS 357

Part I: Please complete

Name: ______________________  CWRU ID # ______  CWRU Email: ______________________

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

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

School (circle one):  CAS · WSOM · ENG · NURS

Degree (circle one):  BA · BS · BSE · BSN

Major Plan(s): ____________________________________________

Minor Plan(s): ____________________________________________

Concentration / Sequence Subplan: __________________________
(Required for Anthropology, Theatre, Music, Biomedical Engineering, Artificial Intelligence, Art Studio, and Didactic Program in Dietetics.)

Part II: Please complete all sections that apply. (This is a two-page form.) Do not use this form to modify General Education Requirements; use a Special Request (Petition) form for special exceptions to a regulation or curriculum requirement.

TECHNICAL ELECTIVES:
Courses that are not pre-approved require advisor approval.

__________________,  __________________,  __________________
__________________,  __________________,  __________________

Advisor Approval:
Print Name________________________________________________
Signature _______________________________ Date_____________

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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OTHER CORRECTIONS
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_____________

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

Student Signature_________________________ Date____________