ACADEMIC ADVISEMENT REPORT
Corrections/Course Substitutions

RETURN TO THE OFFICE OF UNDERGRADUATE STUDIES, SEARS 357

Part I: Please complete

Name: ______________________  SIS ID  _ _ _ _ _ _ _  Case Email: ________________________
Entered Case: _________ (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_____________
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).

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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____________

OFFICE USE ONLY
RG:__________________  R:__________________  LN:__________________
Override #__________________
RG:__________________  R:__________________  LN:__________________
Override #__________________
RG:__________________  R:__________________  LN:__________________
Override #__________________