ACADEMIC ADVISEMENT REPORT
Course Substitutions
RETURN TO THE OFFICE OF UNDERGRADUATE STUDIES, SEARS 447

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.

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 #

OFFICE USE ONLY
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Override #

Entered CWRU: ________ (Month, Year)
Requirement Term: ________ (Semester, Year)
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_________

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

Student Signature________________________________________ Date_________