

# 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 (select one): CAS WSOM ENG NURS

Degree (select one): 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

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LN:

Override #

#### COURSE SUBSTITUTIONS:

Substitute \_\_\_\_\_ for \_\_\_\_\_

Substitute \_\_\_\_\_ for \_\_\_\_\_

Substitute \_\_\_\_\_ for \_\_\_\_\_

#### Advisor Approval:

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

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

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**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).

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**Advisor Approval:**

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

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

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

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