CAL STATE LA **COLLEGE OF EDUCATION**

Course Substitution Application

Name _____ CIN _____

Email _____ Program _____

Delete			Add		
Course Subject/#	Course Title	Units	Course Subject/#	Course Title	Units

Check one or both:

Apply these changes to my master's program plan ☐ and/or credential plan ☐

Justification:

_____

_____

➢ I _____ acknowledge that, per University policy, a course **may not**
(Student Signature)

be added to or deleted from a program plan **after** it has been taken.

Advisor's Approval _____ Date _____

Division Chair's Approval _____ Date _____

Associate Dean's Approval _____ Date _____

Submit completed form to the Associate Dean's Office, KH D2070 GS-5 (Rev 8-2016)