

ACADEMIC ADVISEMENT REPORT

Course Substitutions

RETURN TO THE OFFICE OF UNDERGRADUATE ADVISING SUPPORT, SEARS 340

Part I: Please complete

Name: _____	CWRU ID # _____ <small>(seven digit number)</small>	CWRU Email: _____
Entered CWRU: _____ <small>(Month, Year)</small>	Please change my graduation date <small>(select one)</small> : Yes · No	
Update Bulletin Term? N Y	Graduation Term <small>(select one)</small> : Fall · Spring · Summer _____ <small>(Year)</small>	
New Bulletin Term: _____ <small>(Semester, Year)</small>		
Program/Plan Information <small>(use separate forms for different degrees)</small>		
School: CAS WSOM ENG NURS		
Degree: BA BS BSE BSN		
Major Plan(s): _____		
Minor Plan(s): _____		
Concentration / Sequence Subplan: _____		
<small>(Required for Anthropology, Classics, Theatre, Music, Physics BS, Biomedical Engineering, Artificial Intelligence, Computer Science BS, Systems & Control Engineering, Business Management and Sociology.)</small>		

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 _____
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OFFICE USE ONLY RG: R: LN: Override #
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COURSE SUBSTITUTIONS: Substitute _____ for _____ Substitute _____ for _____ Substitute _____ for _____ Advisor Approval: Print Name _____ Signature _____ Date _____
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OFFICE USE ONLY RG: R: LN: Override # RG: R: LN: Override #
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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).

Advisor Approval:

Print Name _____

Signature _____ Date _____

OFFICE USE ONLY

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Override #

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Override #

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

Student Signature _____ **Date** _____