

California State University, San Bernardino
DEPARTMENT OF ART

Request for Course Substitution

Date: _____

Student's Name: _____

Coyote ID: _____ CSUSB Email: _____

Student Phone: _____

B.A in Art, Plan: _____

I am requesting that the following course be substituted to meet the requirements for my B.A. in Art:

Accept: _____
Course Number & Name

From: _____
Name of College or University, City, State

For CSUSB Art Requirement: _____
Course Number & Name

Reason: _____

PAWS reviewed by
faculty advisor
(please check box)

Student Signature

EAB Campus
Reviewed
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Art Faculty Advisor Signature

Please submit this form to your Faculty Advisor who will forward to the Art Department Chair for approval. If approved, it will be sent to Records, Registrations, and Evaluations.

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For Art Department Office Use Only:

Chair comments: _____

Chair email to records office on: _____ Chair's Signature: _____

Email sent to chair by: _____ Date Sent: _____