REQUEST FOR
COURSE SUBSTITUTION

Full Name: __________________________________________ Date: ______________

Student ID#: __________________________________________ E-Mail: __________________________ @ucdavis.edu

Major: __________________________________________

• Students use this form to request to substitute a UC Davis course for a specific major course requirement. Such a substitution requires the approval of your major department and College of Engineering approval. Do not use this form when requesting a substitution for a College of Engineering or University requirement (Composition requirement, GE requirement, AH requirement, etc).

• Attach an expanded course description or syllabus for each substituted course. It is the responsibility of the student petitioner to provide adequate information for an appropriate evaluation (catalog descriptions do not contain enough information for the evaluation to be performed).

• Take this form and the course description to the staff adviser for your major. A departmental decision will be made and the form will be forwarded to the Undergraduate Advising Office of the College of Engineering.

• You will be notified of the decision via your UC Davis email account.

<table>
<thead>
<tr>
<th>Required Course #</th>
<th>Qtr.</th>
<th>Proposed Substitution</th>
<th>Qtr.</th>
<th>Term</th>
<th>Dept Recommendation (circle one)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Q/Yr</td>
<td>Approve</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Approve</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Approve</td>
</tr>
</tbody>
</table>

I have reviewed the course substitution materials and have made the recommendation(s) indicated above.

_________________________________________  ________________  __________________________
Faculty Signature  Print  Title

*****************************************************************************

College of Engineering:

Remarks: __________________________________________

________________________________________

Evaluator  Date  Associate Dean, Undergraduate Studies  Date