COURSE SUBSTITUTION FORM

Student Name: ________________________________________________________________

Campus ID: ____________________________ Semester/Year:_______/_______

Option (please circle):

ACCT   FIN   GBM (Tracks: Entre, Mktg)   GSCM   MIS   MGMT (Tracks: Mgmt, Entre)   MKTG   MIS

Permission has been given for the following substitution:

______________________________________________________________________________

Course Abbr/No./Units                                    Course Title

May be used as a substitute for: Option Elective _____ Other ____________________________

Comments: ______________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Department Chair: ____________________________ Date: __________

CoBA Advisor*: ____________________________ Date: __________

CoBA Advising 9/3/14