

**Course Substitution Approval 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: \_\_\_\_\_