



COURSE SUBSTITUTION FORM

Student Name: _____

Campus ID: _____ Semester/Year: _____/_____

Option (please circle):

ACCT FIN GBM-(ENTR, IS, MKTG) GSCM MIS MGMT-(ENTR, HRM, MGO) 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: _____