This is an interactive form. Please complete the appropriate fields by using the "TAB" key to move between fields. Do not use the "ENTER" key. When done, you may click on the "PRINT" button to create a paper copy.

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COURSE ADJUSTMENT FORM

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Last Name **First Name** **SS/ID#:** - -

The above named student is asking that the course(s) listed below be considered for substitution/equivalence/waiver approval.

Substitution course/ Transfer course (subject and number)	From which institution:	Required CSU course: (course subject and number)	Permanently replace CSU course: (course subject and number) (Chair or Dean signature required)	Waive CSU course: (course subject and number)

Academic Department: _____

Advisor's Signature _____ **Date:** / /

Chairperson's Signature *(when required)* _____ **Date:** / /

Dean's Signature (*when required)* _____ **Date:** / /

After completing this form, print, sign, make a copy for your records, and submit original to ADM 128.

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