Elements of Computing Course Substitution Form

(Please write clearly – Only one request per form)

Student Info			
Name:			
EID:			
E-mail:			
Major:			
Anticipated Graduation Date:			
Course Substitution Info			
Course Number & Name:			
Semester Taken:			
Along with this substitution request, yo being requested. The course syllabus class in question. Students with All decisions are fixed the EMAIL FORM TO EL	must be from the ill be sent a SAN nal and cannot b	semester and instindicating the rese appealed.	cructor of the
Office Use Only			
Faculty Advisor Signature	Date	Approved	Denied
CS Advisor Signature	Date		
If approved, course approved as:			