



SACRAMENTO
STATE

Major/Minor Requirements
COURSE SUBSTITUTIONS AND WAIVERS
(Updates to CSUS Graduation Evaluation)
(Not to be used for Special Major/Minor)

Name: _____ Student ID Number: _____

Phone Number: _____ E-mail Address: _____

Address: _____ Expected Graduation Date: _____

Major/Minor: _____

Catalog Year: _____

Major Substitution(s)

CSUS Course	Grade	Substitute Course	College/Univ	Dept Chair/Designated Advisor Signature
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Major/Minor Waiver(s)

**Dept Chair/Designated
Advisor Signature**

Minor Substitution(s)

Substitute Course	College/Univ	Dept Chair/Designated Advisor Signature
_____	_____	_____
_____	_____	_____

Student's Signature: _____ Date: _____

(Submit completed form to Degree Evaluations @ the Admissions and Records Counter)

FOR OFFICE USE ONLY

Date SIS+/Evaluation Updated _____ Evaluator _____