

**COMPUTER SIENCE PROGRAM**  
**Undergraduate Course Substitution or Waiver Petition**

Use this form to establish approval of non-articulated course substitutions or waivers BEFORE you submit to the Computer Science Department. **You may want to keep a copy of this form for your own records.**

Name: \_\_\_\_\_ SAC STATE ID: \_\_\_\_\_

Email Address: \_\_\_\_\_ Catalog (Used) Year: \_\_\_\_\_

CSUS course required for major: \_\_\_\_\_

Substitution: Course number: \_\_\_\_\_, Institution: \_\_\_\_\_, Semester taken: \_\_\_\_\_

Additional comments by Instructor: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Instructor completes box 1 or 2**

**Box 1:**

The proposed substitute course has at least the same number of semester units and is an adequate substitution for the required course.

**Box 2:**

The substitute course has fewer or quarter-system units but otherwise is an adequate substitution for the required course.

**Additionally Select a or b below:**

a) An additional course is recommended.  
The course is: \_\_\_\_\_.

or

b) Waiving the difference in units is recommended. *The student already has a background that compensates for the units missed and will not be short on units needed to graduate or units needed for the ABET accreditation requirement.*

\_\_\_\_\_  
Name of Instructor/Course Coordinator (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date