



**GENERAL EDUCATION GRADUATION REQUIREMENT SUBSTITUTION PETITION**

**I. GENERAL INFORMATION**

COMPLETE SECTIONS I AND II

SUBMIT TO THE REGISTRAR'S OFFICE, LASSEN HALL, 2ND FLOOR, ROOM 2000

Name \_\_\_\_\_ Student ID \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Major(s) \_\_\_\_\_

Expected Graduation Date

Fall 20 \_\_\_\_\_

Spring 20 \_\_\_\_\_

Summer 20 \_\_\_\_\_

Total Units Completed \_\_\_\_\_

**II. SUBSTITUTE COURSE REQUEST**

**DO NOT SUBMIT WITHOUT COURSE SYLLABUS AND COURSE DESCRIPTION**

G.E. Area (Example: B2, Life Forms) \_\_\_\_\_

Substitute Course \_\_\_\_\_

Course units completed \_\_\_\_\_ Substitute Course is  Lower Division /  Upper Division (check one)

Please list Semester/Quarter & Year Completed \_\_\_\_\_ Final Grade in course \_\_\_\_\_

Where was course completed \_\_\_\_\_

Justification for Request \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**FOR OFFICE USE ONLY**

**III. UNIVERSITY ACTION**

Approved

Disapproved

No Action

By \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Notified Student \_\_\_\_\_