



Request for Course Substitution or Acceptance of Transfer Coursework

PLEASE COMPLETE HIGHLIGHTED AREAS, THEN PRINT THIS FORM, SIGN, DATE AND SUBMIT FOR SIGNATURES AS REQUIRED.

Student Name: Last First MI BroncoNumber Tel. No. ( )

Mailing Address CPP Email address @csupomona.edu

Curriculum Year Plan/Major Sub-plan/Option (if any) Expected Graduation Term/Year

Student Signature Date

Student: If the course was not completed at Cal Poly Pomona, please attach a course description from the official school catalog/course syllabus. Indicate the requirement(s) for which this request pertains by checking the appropriate box(es).

Satisfy CPP Course/s (Dept. No./Course Title/Qtr. Units) or GE Area with Course/s (Dept. No./Course Title/Units) and Grade/s taken at CPP or Transfer Institution Name taken in Term/Yr
Reason: Course content similar Course units have changed Course number changed Required course no longer offered GE Major Core Support Am. Cult. Pers. Amer. Inst. Other

If CPP required course is not in student's major department, then obtain signature from required course department. Otherwise submit directly to Advisor.
I recommend I do not recommend approval Signature of Dept. Chair of CPP Required Course: Print Name Date
Reviewer comments :

Major Department Chair and College Dean Approval:

I recommend I do not recommend approval Advisor Signature: Print Name Date
I approve I do not approve Department Chair Print Name Date
I approve I do not approve College Dean (or designee) Print Name Date

Transfer Course Equivalency Approval: Complete this section if the transfer course approved for this student should be applied to all students with the same course. If completed, a transfer credit rule will be set up in PeopleSoft and will apply to all students.

Transfer Course/s (Dept. No./Course Title/Units) taken at Transfer Institution Name CPP Course/s (Dept. No./Course Title/Qtr. Units)
Signature of Dept. Chair of CPP Course Print Name Date
Signature of College Dean (or designee) of CPP Course Print Name Date

Academic Programs Approval: This request must also be approved by the AVP, Academic Programs when block is checked by College Dean.

I approve I do not approve AVP, Academic Programs Print Name Date

THE APPROVED REQUEST MUST BE SENT TO THE REGISTRAR'S OFFICE, CLA BLDG., 2ND FLOOR FOR PROCESSING. IF NOT APPROVED AT ANY LEVEL, THIS REQUEST MUST BE RETURNED IMMEDIATELY TO THE STUDENT.