

Approval of Course Substitution, and Choice of Electives COLLEGE OF ENGINEERING

Student Name: _____ I.D. No.: _____

STUDENT'S CURRICULUM

<input type="checkbox"/> ARE	<input type="checkbox"/> CE	<input type="checkbox"/> CNSM	<input type="checkbox"/> IS
<input type="checkbox"/> BAE	<input type="checkbox"/> CMPEN	<input type="checkbox"/> EE	<input type="checkbox"/> ME
<input type="checkbox"/> CHE	<input type="checkbox"/> CS	<input type="checkbox"/> IE	

CURRICULUM REQUIREMENTS (Required Course or Elective Type)

SUBSTITUTION OR ELECTIVE (KSU or Transfer Course)

<u>Dept.</u>	<u>Course No.</u>	<u>Course Name</u>	<u>Credit</u>	<u>Dept.</u>	<u>Course No.</u>	<u>Course Name</u>	<u>Credit</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____



I understand that I must fulfill the conditions stated below and obtain the appropriate signatures, or the above request will not be allowed.

Student Signature: _____ Date: _____

Conditions: _____

Advisor's Approval: _____ Date: _____

Conditions: _____

Department Head's Approval: _____ Date: _____

Conditions: _____

Dean's Approval: _____ Date: _____