



Course Substitution Request

Registrar's Office

525 12th Street

Oakland, CA 94607

Registrar@samuelmerritt.edu

To be completed by the Program Director or Department Chair. By completing this form, the Program Director/Department Chair is confirming that the substituted course(s) are demonstrably similar to the course(s) required for the degree. The number of credit hours earned for the proposed course(s) must be equal to, or greater than, the number of credit hours earned for the required course(s).

Student Name

Student ID

Program

Term Applicable
(Term when student will change programs)

COURSE TO USE AS A SUBSTITUTION					REQUIRED COURSE FOR DEGREE		
Dept & Course #	Course Title	Units	Term/Year Taken	Grade	Dept & Course #	Course Title	Units

APPROVALS

If completed by Program Director:

Program Director Signature

Program Director Name

Date

Department Chair (required on all forms):

Department Chair Signature

Department Chair Name

Date

Submit completed and signed form to Registrar@samuelmerritt.edu.