



**Request for Course Substitution or Acceptance of Transfer Coursework**

Student Name \_\_\_\_\_ PRINT: Last First Middle Initial 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:** Enter up to two requests below. If the course was not completed at Cal Poly Pomona, please attach a course description from the official school catalog. Indicate the requirement(s) for which this request pertains by checking the appropriate box(es).

**Replace** \_\_\_\_\_ with \_\_\_\_\_ taken at \_\_\_\_\_ taken in \_\_\_\_\_ GE  Major Core  Support   
 CPP Course/s (Dept./No.) Course/s (Dept./No.) Grade/s CPP or Transfer Institution Name Term / Year Am. Cult. Pers.  Amer. Inst.

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I recommend [ ] I do not recommend [ ] approval Signature of Dept. Chair of CPP Course: \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Replace** \_\_\_\_\_ with \_\_\_\_\_ taken at \_\_\_\_\_ taken in \_\_\_\_\_ GE  Major Core  Support   
 CPP Course/s (Dept./No.) Course/s (Dept./No.) Grade/s CPP or Transfer Institution Name Term / Year Am. Cult. Pers.  Amer. Inst.

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I recommend [ ] I do not recommend [ ] approval. Signature of Dept. Chair of CPP Course: \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**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 By Department Chair:** Complete the section below if an equivalency to a transfer course you have 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 which will apply to all students.

Transfer Course/s and Institution \_\_\_\_\_ CPP Course/s \_\_\_\_\_ Signature of Dept. Chair of CPP Course \_\_\_\_\_

Transfer Course/s and Institution \_\_\_\_\_ CPP Course/s \_\_\_\_\_ Signature of Dept. Chair of CPP Course \_\_\_\_\_

**Undergraduate Studies Approval:**  This request must also be approved by the AVP, Undergraduate Studies when block is checked by College Dean.

I approve [ ] I do not approve [ ] AVP, Undergraduate Studies \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

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