

DEPARTMENT OF ANIMAL SCIENCES

SUBSTITUTION OR WAIVER OF DEPARTMENTAL REQUIREMENTS

Student Name: _____

Student CSUID: _____ Email: _____

Major: **Animal Science or Equine Science**
(Circle appropriate)

Concentration: **Industry, Science or none**

Attach a signed Check Sheet!

Request for Course Substitution:

Course Taken/ <i>term</i>	Credits	Required Course	Credits

Comments: _____

Request for Course Waiver:

Course	Reason

Student Signature Date

Adviser Signature Date

Department Approval Date