

## CBE COURSE PERMISSION FORM

Student Name : \_\_\_\_\_ Date: \_\_\_\_\_

ID: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Admit Date: \_\_\_\_\_ Degree Program: \_\_\_\_\_ Option: \_\_\_\_\_

***COURSES REQUESTED AS ELECTIVES: Must be approved prior to enrolling***

<i>Department</i>	<i>Course No.</i>	<i>Title</i>	<i>Units</i>	<i>Term</i>	<i>Approval/Denied</i>

***EQUIVALENT COURSES or TRANSFER COURSES***

<i>Department</i>	<i>Course No.</i>	<i>Title</i>	<i>Units</i>	<i>Grade</i>	<i>Equivalent to course Or Where &amp; When:</i>

***SUBSTITUTE COURSES***

<i>Department</i>	<i>Course No.</i>	<i>Title</i>	<i>Units</i>	<i>Grade</i>	<i>Substitute for:</i>

Approval Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Received by Dept: \_\_\_\_\_