



Reviewed by:
FOR OFFICE USE ONLY

REQUEST FOR SUBSTITUTION

This form should only be completed by College of Business & Economics (CBE) undergraduate students who are requesting course substitutions to be used in their undergraduate College of Business & Economics program.

Valid for programs: Majors: BS in Business Administration, BA/BS in Economics Minors: Advertising, Business Administration, Economics, Information Technology Management, International Business, Marketing, and Real Estate

Program: _____		Net ID _____	CSUEB Horizon Email Address _____ @horizon.csueastbay.edu
Last Name _____	First Name _____	() _____ Daytime Telephone Number	_____ _____ Date

Students will be informed of the decision via their Cal State East Bay Horizon email.

Use this form to request course substitutions in your **CBE Undergraduate Program**. This form cannot be used for graduate programs or General Education coursework. The review process can take anywhere between **6-8 weeks**.

Completed forms and all required documentation should be submitted to the College of Business & Economics Office of Undergraduate Advising. Forms can be submitted in person to **VBT 129**, faxed to (510) 885-2054, or sent via email to **cbeadvising@csueastbay.edu**.

Incomplete forms will be returned without action. Do NOT submit forms directly to the Department Chairs. All requests must be reviewed for completion and validity by the academic advisors in the CBE Office of Undergraduate Advising.

Complete the shaded areas below, attach required documents, and check off completed items:

- I have verified that transcripts where proposed courses appear have been submitted to the Office of Admission or attached to my request.
- I have attached a course description and syllabus for each proposed course.
- I have attached a typed statement giving the reason for my request and if any, supporting documentation.

PROPOSED COURSE(S) TO BE SUBSTITUTED FOR CBE REQUIREMENT

CBE COURSE OR AREA FULFILLED BY THE SUBSTITUTION

Students must complete all of the shaded areas below.				<i>For College Department Use Only</i>				
				<i>Required</i>		<i>If Needed</i>		
College/ University	Units	Grade	Term	CBE Course or Requirement	Department Chair		College Dean	
Department/ Course Number/ Title					Grant	Deny	Grant	Deny
College/ University	Units	Grade	Term	TO REPLACE	Grant	Deny	Grant	Deny
Department/ Course Number/ Title								
College/ University	Units	Grade	Term	TO REPLACE	Grant	Deny	Grant	Deny
Department/ Course Number/ Title								
College/ University	Units	Grade	Term	TO REPLACE	Grant	Deny	Grant	Deny
Department/ Course Number/ Title								

For CBE Office Use Only.

All substitution requests above have been applied to your CBE evaluation, except:

Course: _____	Reason: _____
_____	_____
_____	_____
_____	_____