



Jack Baskin School of Engineering
Undergraduate Advising Office
Baskin Engineering Rm. 227
Phone: 831.459.5840 Fax: 831.459.5333

COURSE SUBSTITUTION PETITION

NAME _____ MAJOR _____ ID #: _____

EMAIL _____ CLASS LEVEL ☐ frosh ☐ soph ☐ junior ☐ senior

What UCSC course will this replace? _____

Number and Name of course from other school: _____

College/University: _____ Have you completed the course? ☐ yes ☐ no

Text Used (Title & Author): _____ Units: _____ Grade: _____

Items provided to support and confirm this request (*will not be returned*):

_____ Copy of dated course syllabus

_____ Copy of unofficial grade report

_____ Copy of catalog description

_____ Other:

Please provide any additional information for this request

Student Signature: _____ Date: _____

DEPARTMENT USE ONLY

_____ *Approved* for the student's curriculum

_____ *Approved* for articulation

_____ *Not approved* for the student's curriculum

_____ *Not approved* for articulation

Undergraduate Director: _____

Date: _____

Comments/Conditions: _____
