

**San José State University
Graduate Admissions and
Program Evaluations**

**Please route via your departmental
Graduate Coordinator.**

Last Name

First Name

Student ID

Home Phone

Daytime Phone

Email Address

Approval

Signature

Title

Department

**Request for Course
Substitution in Master's
Degree Program**



**SAN JOSÉ STATE
UNIVERSITY**

Date

Courses to be Dropped

Department

Course Title

Course No.

Units

Semester

Department

Course Title

Course No.

Units

Semester

Courses to be Added

Department

Course Title

Course No.

Units

Semester

Department

Course Title

Course No.

Units

Semester