

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD
AUTHORIZATION FOR SUBSTITUTION OR WAIVER

(PLEASE PRINT OR TYPE)

Name _____

Address _____ Student ID# _____

Major _____

Zip _____ Advisor _____

This substitution or Waiver is for your:

General Education Requirements

Major _____

Minor _____

AUTHORIZATION FOR SUBSTITUTION OF COURSE WORK

Requirement:

Substitute Course(s):

Dept./Course No.	Title	Units	Dept./Course No.	Title	Units	Institution
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

AUTHORIZATION FOR WAIVER OF DEGREE REQUIREMENT(S)

Signature of School Dean/Department Chairperson

Date