San José State
UNIVERSITY

Department of Computer Science ☯ College of Science ☯ San Jose State University
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Major/Minor Course Substitution

Date _____

Name _____ SID _____
Last First

Major _____ Minor _____

Substituting course on: Major ☐ Minor ☐

Course(s) to be dropped	**Course(s) to be added**

Do Not Write Below Line. Office Use Only.

Approved ☐ Not Approved ☐

Comments:

Signature of Department Chair _____ Date _____