



COURSE SUBSTITUTION PLAN

Name: ID No.:

Email: @seawolf.sonoma.edu Phone:

Required Course:

Number of Units : 1 2 3

Project/Activity Plan

*(Briefly provide a project /activity details - Explain the nature of your activity and individuals you will be working with.
Specify when you plan to complete the activity.*

In addition to this form you need to submit the ACADEMICS REQUIREMENTS REPORT UPDATE FORM for approval.

Approval:

1. Instructor:	_____	Date:	_____
2. Advisor:	_____	Date:	_____
3. Dept. Chair:	_____	Date:	_____

PROCEDURE:

1. Complete this form, have your instructor and advisor sign, and leave in the Engineering office (Salazar 2004) for the remaining signatures.
2. Your form should be ready in 2-3 days and available for pick-up. You will be given a permission code to add the class.
It is your responsibility to pick up your form before the last day to add.
3. Go online to register for the course. It is not necessary to bring this form to Admissions and Records.