

# ACADEMIC ADVISEMENT REPORT

Corrections/Course Substitutions

## RETURN TO THE OFFICE OF UNDERGRADUATE STUDIES, SEARS 357

### Part I: Please complete

Name: \_\_\_\_\_ CWRU ID # \_\_\_\_\_ CWRU Email: \_\_\_\_\_

Entered CWRU: \_\_\_\_\_ (Month, Year) Please change my graduation date (circle one): Yes · No  
Requirement Term: \_\_\_\_\_ (Semester, Year) Graduation Term (circle one): Fall · Spring · Summer \_\_\_\_\_ (Year)

**Program/Plan Information** (use separate forms for different degrees)

School (circle one): CAS · WSOM · ENG · NURS

Degree (circle one): BA · BS · BSE · BSN

Major Plan(s): \_\_\_\_\_

Minor Plan(s): \_\_\_\_\_

Concentration / Sequence Subplan: \_\_\_\_\_

(Required for Anthropology, Theatre, Music, Biomedical Engineering, Artificial Intelligence, Art Studio, and Didactic Program in Dietetics.)

**Part II: Please complete all sections that apply. (This is a two-page form.) Do not use this form to modify General Education Requirements; use a Special Request (Petition) form for special exceptions to a regulation or curriculum requirement.**

**TECHNICAL ELECTIVES:**

Courses that are not pre-approved require advisor approval.

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Advisor Approval:**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

RG:

R:

LN:

Override #

**COURSE SUBSTITUTIONS:**

Substitute \_\_\_\_\_ for \_\_\_\_\_

Substitute \_\_\_\_\_ for \_\_\_\_\_

Substitute \_\_\_\_\_ for \_\_\_\_\_

**Advisor Approval:**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**OTHER CORRECTIONS**

Approval is required from the appropriate major or minor advisor or departmental representative if the course is not pre-approved (i.e., documented in the *Handbook for Undergraduate Students, General Bulletin*, or other departmental documentation).

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**Advisor Approval:**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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I hereby certify that the corrections listed on this form are correct to the best of my knowledge.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_