

# CBPA Graduate Programs

College of Business & Public Administration  
Jack Brown Hall, Room 283

\_\_\_\_\_ Date

\_\_\_\_\_ Name (Last, first, middle initial)

\_\_\_\_\_ Student ID Number

\_\_\_\_\_ @coyote.csusb OR @csusb.edu

\_\_\_\_\_ CSUSB E-mail Address

\_\_\_\_\_ Primary Phone Number

## Program Information

Indicate your master program with an (X):

Master of Business in Administration       Master in Science of Accountancy

❖ If your Master degree has a concentration please make note of it \_\_\_\_\_

## Request for Course Substitution

Indicate the exact course prefix, number and title of the course to be substituted. If more than one, please submit a separate request form for each course:

**Course Prefix & Number:** \_\_\_\_\_  
(Example: ACCT 625)

**Course Title:** \_\_\_\_\_  
(Example: Seminar in Accounting Information Systems)

Indicate the exact prefix & number, title and additional information to be used for this substitution:

**Course Prefix & Number:** \_\_\_\_\_

**Course Title:** \_\_\_\_\_

Reason for Substitution:

\_\_\_\_\_

Term Completed/To be Completed: \_\_\_\_\_ Grade Received: \_\_\_\_\_ Units Received: \_\_\_\_\_

Institution Attended: \_\_\_\_\_

## Request for Change of Program Plan

Indicate the exact CSUSB course prefix, number and title of the course to be changed on your Graduate Program Plan. If more than one, please submit a separate request form for each change:

### Change Course From:

Course Prefix & Number: \_\_\_\_\_ Course Title: \_\_\_\_\_

### Change Course To:

Course Prefix & Number: \_\_\_\_\_ Course Title: \_\_\_\_\_

## Graduate Coordinator Recommendation

After reviewing the information provided, the Request for Course Substitution or Change of Program Plan has been:

APPROVED       DEFERRED       DENIED

Indicate if a Department Chair/Director is recommending for review:      YES  NO

Comments: \_\_\_\_\_

Graduate Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Department Chair/Director Review

The above request is:  APPROVED       DENIED

Comments:

\_\_\_\_\_

Department Chair's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Distribution:** Student (Scan/e-mail)    Student File (original)    Office of Registrar (scan/e-mail)