# ACADEMIC ADVISEMENT REPORT

**Corrections/Course Substitutions**

RETURN TO THE OFFICE OF UNDERGRADUATE STUDIES, SEARS 357

## Part I: Please complete

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<th>Name: ______________________</th>
<th>SIS ID _ _ _ _ _ _ _</th>
<th>Case Email: ________________________</th>
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Entered Case: ________ (Month, Year)  Please change my graduation date (circle one): Yes · No

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, Didactic Program in Dietetics)

## Part II: Please complete all sections that apply (this is a 2-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.

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Advisor Approval:

Print Name______________________________

Signature ___________________________ Date_____________

### COURSE SUBSTITUTIONS:

Substitute ______________________ for ______________________

Substitute ______________________ for ______________________

Substitute ______________________ for ______________________

Advisor Approval:

Print Name______________________________

Signature_______________________________ Date_____________
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__________

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

Student Signature_________________________ Date______________

OFFICE USE ONLY

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