



CALIFORNIA INSTITUTE OF TECHNOLOGY
Chemical Engineering Option

**Course Substitution / Track Elective / Waiver of Prerequisites /
Allowance of Credit Request Form**

Date: _____

Student Name: _____ Track (select): _____ UID: _____

Advisor: _____ Year of Study (select): _____

Course Substitution / Track Elective Request:

Course Number/s <i>(if elective request)</i>	Requested Substitution/s <i>(if substitution request)</i>	Remarks/Satisfies

Waiver of Prerequisite Request:

Course Number	Prerequisite course/s:	Instructor	Instructor's signature	Remarks

Allowance of Credit Request:

Name of Institution from which credit was granted: _____

This student may be given credit for the subjects listed below on the basis of work completed at the institution named above. *If any special conditions are to be attached to this allowance of credit please note them in the "REMARKS" column.*

External Course Number/s	Internal Course Equivalent	# of Units granted	Remarks/Satisfies

Note: Allowance of credit requests must also be approved by the Registrar. Please take this completed and signed form to the Registrar's Office.

Approved by (check one):

Executive Officer

Option Rep

Signature & date: _____

Please return this signed form to the Department Administrator, Kathy Bubash (206 Spalding Lab)