

1000 E. Victoria Street• Carson CA 90747 • (310) 243-3761 • www.csudh.edu

## KINESIOLOGY Major Course Substitution Request

Name:			Student ID #:				
Email:							
Student Signature:			Date:				
Physical Education	n Option (select	one): □ Teaching	☐ Fitness Director ☐ Pre – Ph	ysical The	erapy		
CSUDH Required Course Course			e Taken	Offi	Office Use Only		
Course Pre-fix & Number	Semester & Year	Course Pre-fix & Number	Name of Institution				
BIO 250/251	Spring 2019	ANAT 32	El Camino College	ARRC #	Date	Keye by	
Submit	Official Transo	eripts with posted	grade(s) to Registrar's Office price	or to requ	<mark>est.</mark>		
	Only su	bmit this form to	your major advisor for review.				
Registrar's Office, o	once the request have 3-4 weeks to re	as been processed sta	r processing. An email notification w ting "Your Major Course Substitution nic Requirements page. If you have an	has been a	pproved	d or	
Advisor Name:							
Advisor Signature	:		Date:				