



CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

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 Option (select one): Teaching Fitness Director Pre – Physical Therapy

CSUDH Required Course	Course Taken				Office Use Only		
	Course Pre-fix & Number	Semester & Year	Course Pre-fix & Number	Grade			
<i>BIO 250/251</i>	<i>Spring 2019</i>	<i>ANAT 32</i>	<i>A</i>	<i>El Camino College</i>	ARRC#	Date	Keyed by

Submit Official Transcripts with posted grade(s) to Registrar’s Office prior to request.

Only submit this form to your major advisor for review.

Your advisor will forward/submit this form for further processing. An email notification will be sent from the Registrar’s Office, once the request has been processed stating “Your Major Course Substitution has been approved or denied.” Please allow 3-4 weeks to reflect on your Academic Requirements page. If you have any questions follow up with your Major Advisor.

Advisor Name:

Advisor Signature: _____ Date: