



Course Elective/ Substitution Approval

Department of Health Education-- San Francisco State University
HSS 326 | 415/338- 1413 | hed@sfsu.edu



This form is for approval of credits toward the major for courses taken at SFSU. For a substitution, students must attach a course description and/ or syllabus. After being approved, attach this form to your graduation application.

Student Name _____ **Student ID** _____

SFSU Email _____ @mail.sfsu.edu **Phone Number** _____

1. Course requested for substitution:

Department Course Number Title

Equivalent to the following Major/Minor requirement or Elective:

Department Course Number Title

Reason: _____

2. Course requested for substitution:

Department Course Number Title

Equivalent to the following Major/Minor requirement or Elective:

Department Course Number Title

Reason: _____

For office use only:

Advisor Print Name Signature Date

Dept. Chair/Assoc. Chair Signature Date