

## <u>Kinesiology Substitution Form – Undergraduate</u> <u>Instructions</u>

This form should only be completed AFTER the substituted course is taken. Requested substitutions for course work that has not been completed will not be processed. If you have any questions, please contact Daniel Bohigian, <a href="mailto:Daniel.bohigian@sjsu.edu">Daniel.bohigian@sjsu.edu</a>.

**Section I**: Please complete all Student Information.

**Section II:** Complete each box per class being substituted, any information not completed will result in your form not being processed.

**Section III:** Meet with KIN Advisor for approval and signature.

**Section IV:** Once KIN Advisor has signed, please send form to Daniel Bohigian (Daniel.bohigian@sjsu.edu) who will route to Department Chair for signature and processing.



Authorized Major/Minor Advisor's Printed Name/Signature/Date

## ${\bf Kinesiology\ Substitution\ Form-Undergraduate}$

Authorization to Substitution of Units/Courses Required for Graduation

	Major		or <b>Minor</b>		
1862 1857	Specializ	ation			
art I: Student Infori	mation				
SU IDI	Last Name		First Name	M	Π
one #		E-ma	il		
xpect Term of Gradu	ation				
	Spring,	Summer, Fall	4 digit year		
rt II: Substitution	<b>Details</b> – requi	ires Major Adviso	r and Department Chair Signa	ture	
course was completed urse units in the space		ege, please indicat	te the college and the exact con	urse prefix, course num	ber, and
Courses Being Substituted or Indicate Guided Elective		Substituted			
		Courses (Courses Actually Taken)			
Course (e.g. ANTH 102)	2)	Course (e.g.	Actually Taker		
	Units	ANTH 102)	Name of Institution	Term & Yr	Units
			<u> </u>	I	
aior Requirement (	to be waived:				
injor riequirement	o se warvear				
omments:					
art III: Approval Si					
art III. Approvar Si	gnatures				

Department Chair's Printed Name/Signature/Date