California State Polytechnic University, Pomona   **Registrar's Office**

Request for Course Substitution or Acceptance of Transfer Coursework

Student Name _____ BroncoNumber _____ Tel. No. (_____)_____
          PRINT: Last   First   Middle Initial

Mailing Address _____ CPP Email address _____ @cpp.edu

Curriculum Year _____ Plan/Major _____ Sub-plan/Option (if any) _____ Expected Graduation Term/Year _____

Student Signature _____ Date _____

Student: Enter your request below. If the course was not completed at Cal Poly Pomona, please attach a course description from the official school catalog. Indicate the requirement(s) for which this request pertains by checking the appropriate box(es).

Satisfy _____ with _____ _____ taken at _____ taken in _____ | GE ☐   Major Core ☐   Support ☐
   CPP Course/s (Dept./No.)   Course/s (Dept./No.)   Grade/s   CPP or Transfer Institution Name   Term / Year | Am. Cult. Pers. ☐   Amer. Inst. ☐

I recommend [ ] I do not recommend [ ] approval   Signature of Dept. Chair of CPP Course: _____ Print Name _____ Date _____

Major Department Chair and College Dean Approval:

I recommend [ ] I do not recommend [ ] approval   Advisor Signature: _____ Print Name _____ Date _____

I approve [ ]   I do not approve [ ]   Department Chair _____ Print Name _____ Date _____

I approve [ ]   I do not approve [ ]   College Dean (or designee) _____ Print Name _____ Date _____

Transfer Course Equivalency Approval By Department Chair: Complete the section below if an equivalency to a transfer course you have approved for this student should be applied to all students with the same course. If completed, a transfer credit rule will be set up in PeopleSoft which will apply to all students.

_____   _____   _____
Transfer Course/s and Institution   CPP Course/s   Signature of Dept. Chair of CPP Course

_____   _____   _____
Transfer Course/s and Institution   CPP Course/s   Signature of Dept. Chair of CPP Course

Office of Student Success Approval: ☐ **This request must also be approved by the AVP, Office of Student Success when block is checked by College Dean.**

I approve [ ]   I do not approve [ ]   AVP, Office of Student Success _____ Print Name _____ Date _____

THE APPROVED REQUEST MUST BE SENT TO THE REGISTRAR'S OFFICE, CLA BLDG., 2ND FLOOR FOR PROCESSING. IF NOT APPROVED AT ANY LEVEL, THIS REQUEST MUST BE RETURNED IMMEDIATELY TO THE STUDENT.