## Approval of Course Substitution, and Choice of Electives (For Internal/K-State Courses) COLLEGE OF ENGINEERING

Student Name: _			\	WID:		
	STUD	ENT'S C	URRI	CULUM		
☐ ARE ☐ BSE ☐ CHE	☐ CE ☐ CMPEN ☐ CS		☐ CNSM☐ EE☐ IE		□ IS □ ME	
CURRICULUM REQUIREMENTS (Required Course or Elective Type)			SUBSTITUTION OR ELECTIVE			
Course           Dept.         No.           1			Dept.	Course No.	Course Name	<u>Credit</u>
2						
6  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	above cha	XXXXXX nges. Inc	entify by nu	%%%%%%%%%%% Imber.	
I agree to the condit	tions as stated abo	ve.				
Student	Date		Advisor		Date	
Department Head	 Date		 Dean's Approval		Date	

Please bring to Student Services, 1093 Fiedler Hall for final approval.

Dean's Office
Department Office
Student