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

Student Name: _____ WID: _____

STUDENT'S CURRICULUM

☐ ARE	☐ CHE	☐ CS	☐ ENVE
☐ BSE	☐ CE	☐ CNSM	☐ IE
☐ BME	☐ CMPEN	☐ EE	☐ ME

CURRICULUM REQUIREMENTS
(Required Course or Elective Type)

SUBSTITUTION OR ELECTIVE

	Dept.	Course No.	Course Name	Credit	Dept.	Course No.	Course Name	Credit
1								
2								
3								
4								
5								
6								

Justification/Rationale for each for the above changes. Indentify by number.

_____

_____

_____

_____

_____

_____

I agree to the conditions as stated above.

_____ _____

Student **Date** **Advisor** **Date**

_____ _____

Department Head **Date** **Dean's Approval** **Date**

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

cc: Dean's Office
Department Office
Student

revised 08/2020

KANSAS STATE UNIVERSITY | Carl R. Ice College of Engineering