

**Department of STS/Public Policy  
Public Policy Program  
Course Substitution Form**

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**Name of Student:** \_\_\_\_\_

**Quarter:** \_\_\_\_\_ **Degree Program:** \_\_\_\_\_ **Course Number:** \_\_\_\_\_

**Course Title:** \_\_\_\_\_

**Department of Course:** \_\_\_\_\_

**College of Course:** \_\_\_\_\_

This is to formally authorize the course above to be substituted for the course listed below in the requirements for the degree program.

**Course Number:** \_\_\_\_\_

**Course Title:** \_\_\_\_\_

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**APPROVALS:**

**Public Policy Program Chair:** James J. Winebrake

**Chair Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DISTRIBUTION:**      CLA Student Services      Dept      Advisor      Student