

PETITION FOR ATC SUBSTITUTION

Change to Advancement to Candidacy Program

FORM MUST BE TYPED

Official Degree Title as Listed in the University Bulletin:

Master of _____ Major _____
 Concentration or emphasis (if applicable) _____

Name _____ Student ID _____
 Address _____ Phone _____
 City/State/Zip _____ Email _____

Please list the course(s) you are removing from your approved ATC program, and the course(s) you wish to substitute. If you need to remove or add more than 3 courses, please submit a new ATC form instead.

REMOVE from program:

Course No.	Course Title	Units	Reason for Removal/Substitution

SUBSTITUTE with:

Course No.	Course Title	Units	Semester and Year	Institution (not SFSU) (transfer units only)*	Grade	In Progress or To Do

***NOTE:** For transfer work, a *Request for Graduate Program Transfer Unit Evaluation* must be submitted.

REQUIRED SIGNATURES

Graduate Advisor:

 Type or Print Name Signature Date

Department Chair/Graduate Coordinator:

 Type or Print Name Signature Date

Accepted by Division of Graduate Studies: _____ Date: _____