

REQUEST TO SUBSTITUTE COURSE OR WAIVER GPA REQUIREMENT
COLORADO STATE UNIVERSITY
DEPARTMENT OF MECHANICAL ENGINEERING

This form must be completed by the student and signatures obtained prior to registering for the course.

Name _____ Student No. _____

GPA _____ Semester and Year _____

List technical elective groups you have selected _____

Do you wish to:

Substitute course for technical elective: _____ yes _____ no Course No. _____

Reason(s) for request:

Request waiver of 3.0 GPA requirement to take 500-level course: _____ yes _____ no Course No. _____

Reason(s) for request:

APPROVED BY:

Signature of Student Date

Signature of Instructor Date

Signature of Adviser Date

Signature of Department Head Date

Distribution:

Student
Instructor
Adviser/file