

Degree Evaluation (DER) Adjustment Form

Student Name CSU ID Major Catalog Term

Required Course (Ex. ENGL 2136)	Required Course Area (Ex. Area E)	Required Course Group (Ex. Wor. Cul.)	Request Waiver and reason (leave blank if not requesting waiver)	Substitute Course: Subject ID & No. (LING 2111 or LIT 2**)	Substitute Course Title (if #*** or **** in course number)	Term Substitute Course Taken

Advisor Date

_____ Approved _____ Denied

Department Chair* Date

*If required course is in Areas A-E and Wellness, the signature of the Chair who has authority over that course or area is required.
If required course is in Areas F and beyond, signature of the Chair of the student's major is required.

_____ Approved _____ Denied

Dean** Date

**Areas A- E and Wellness only

Once all required signatures have been obtained, submit to Office of the Registrar. Please allow 2 weeks for processing.