

Office Use Only

Initially Logged \_\_\_\_\_  
Action Logged \_\_\_\_\_  
Copy to Student \_\_\_\_\_

### DEPARTMENT OF BUSINESS ADMINISTRATION Transfer Course Substitution Request

**STUDENT DATA:**

Name: \_\_\_\_\_

SSU ID# (not SSN!): \_\_\_\_\_

Address: \_\_\_\_\_

Local Phone #: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_@sonoma.edu

City, St, Zip \_\_\_\_\_

**COLLEGE/UNIVERSITY**

**COURSE TITLE  
AND NUMBER**

**SSU EQUIVALENT**

**BUS. DEPT. ACTION**

**YES \***

**NO**

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**Complete course descriptions MUST be attached!**

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Department Chair \_\_\_\_\_

Date \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\*Approval only for purposes of meeting Department of Business Administration requirements.