



Application for Course Substitution

Male <input type="checkbox"/>	Female <input type="checkbox"/>	Surname:	Given Names in Full:
Student #	Phone ()	Email:	
Home Address (Street, Town or City, Province, Postal Code, Country):			
Current Address (if different from above):			

Please indicate your program of study: _____ Bachelor of Science Computer Science degree
 _____ Bachelor of Information Sciences
 _____ CS Certificate
 _____ DA Certificate

Expected date of graduation: _____

- The requirement for _____ (name of course) for the degree / certificate listed above is waived, due to the circumstances explained below:

- or, alternatively, _____ will be permitted as an acceptable substitute for _____, due to the circumstances explained below:

Student: (Sign and Print Name): _____ Date: _____

CSAS Faculty / Chair Approval: _____ Date: _____

SASE Dean Approval: _____ Date: _____

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 University of New Brunswick
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 Tel: (506) 648-5970 Email: csas@unbsj.ca

<http://www.unbsj.ca/sase/csas>

Please return completed form to the Department of Computer Science and Applied Statistics