Global Poverty & Practice Minor
Course Substitution Approval

Please use this form to get approval for all waivers and courses. Attach a copy of a course syllabus or detailed summary. Note: In order to complete the minor all courses must be completed for a letter grade and Core Courses must be completed at UCB

Name: _____   SID: _____

Major: _____ Phone: _____   Email: _____

Date Submitted: _____   Practice Experience Location: _____

Dept. and Course Number	Units	Grading Option	Substitute Course Title	Semester	University, if not UCB	Area to be Fulfilled

Approval: _____   _____
GPP Chair Approval Signature   Date

Dept. and Course Number	Units	Grading Option	Substitute Course Title	Semester	University, if not UCB	Area to be Fulfilled

Approval: _____   _____
GPP Chair Approval Signature   Date

Dept. and Course Number	Units	Grading Option	Substitute Course Title	Semester	University, if not UCB	Area to be Fulfilled

Approval: _____   _____
GPP Chair Approval Signature   Date

Please explain how your intended elective(s) relate to your practice experience: