# Department of Sexuality Studies

## Minor Substitution Form

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**Name:**

LAST

FIRST

MIDDLE

---

**Student ID No.** __________________________

---

**Address**

Number and Street

City

State

ZIP

---

**Phone(s)** __________________________

**Email** __________________________

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**Major** __________________________

**SXS Minor** [ ]

**LGBT Minor** [ ]

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**RATIONALE FOR SUBSTITUTION** (Specify the nature of substitution):

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**COURSE SUBSTITUTION**

<table>
<thead>
<tr>
<th>Required Course</th>
<th>Substituted Course</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Course Prefix/Number</strong></td>
<td><strong>Course Prefix/Number</strong></td>
</tr>
</tbody>
</table>

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**Department of Sexuality Studies Undergraduate Advisor**

Or Chair

**Date**

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Return this form to the Department of Sexuality Studies Office in HSS 370

Questions: (415) 405 3570