

Department of Sexuality Studies

Minor Substitution Form

Name: _____
 LAST FIRST MIDDLE

Student ID No. _____

Address _____
 Number and Street City State ZIP

Phone(s) _____ Email _____

Major _____ SXS Minor LGBT Minor

RATIONALE FOR SUBSTITUTION (Specify the nature of substitution):

COURSE SUBSTITUTION

| Required Course | Substituted Course |
|----------------------|----------------------|
| Course Prefix/Number | Course Prefix/Number |
| | |

Department of Sexuality Studies Undergraduate Advisor
Or Chair

_____ Date

Return this form to the Department of Sexuality Studies Office in HSS 370
Questions: (415) 405 3570