



Geological Sciences  
College of Science

**Date:** \_\_\_\_\_

**To:** Michelle Davis, Evaluator X2979  
Registrar's Office

**From:** Dr. Jonathan Nourse, Professor and Chair  
Geological Sciences Department

**Subject:** Course Substitutions for Emphasis Area Requirements in Geology Major

**Student name:** \_\_\_\_\_

**Bronco ID #:** \_\_\_\_\_

**Student's Chosen Emphasis Area:** \_\_\_\_\_

**Curriculum Year:** \_\_\_\_\_

Please apply the following course(s) and unit(s) as acceptable substitution(s) for Technical Elective course(s) in the chosen Emphasis Area. Substitution is necessary because of infrequent course offering or other logistical considerations.

Course Number and Name: \_\_\_\_\_ Units: \_\_\_\_\_

Quarter/Year Taken: \_\_\_\_\_

Course Number and Name: \_\_\_\_\_ Units: \_\_\_\_\_

Quarter/Year Taken: \_\_\_\_\_

Course Number and Name: \_\_\_\_\_ Units: \_\_\_\_\_

Quarter/Year Taken: \_\_\_\_\_

Course Number and Name: \_\_\_\_\_ Units: \_\_\_\_\_

Quarter/Year Taken: \_\_\_\_\_

**Academic Advisor Name (please print):** \_\_\_\_\_

**Advisor Signature:** \_\_\_\_\_

**Department Chair Name (please print):** \_\_\_\_\_

**Department Chair Signature:** \_\_\_\_\_