**Form C.01 Substitution of the Elective Course**

Application date: 2019 / /

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s name |  | Semester | 2019 Fall |
| Course name |  | Course number |  |
| Course outline |  | | |
| Reasons for taking the course |  | | |
| Student’s signature |  | | |
| Supervisor’s comment |  | | |
| Supervisor’s signature |  | | |
| Comment of the Course Committee |  | | |

Note: Please include the information of the course syllabus, the name of lecturer….