Yale School of Architecture

SUBSTITUTION REQUEST OF REQUIRED ELECTIVE COURSE

Student NameSID#	Year Matriculated
Program □ M.Arch I □ M.Arch II Current Year □ 1 □ 2 □ 3 □ 4	Date
(Please check one and submit only one request per form) Request that the following course fulfill one course for History & Yale Course # Yale Course Name	·
□ Request that the following course fulfill the Urbanism & Landsca	
Yale Course # Yale Course Name	
☐ Request that the following course fulfill the Visualization III Elec	•
Yale Course # Yale Course Name	
☐Request that the following course fulfill the Methods & Research	n Requirement
Yale Course # Yale Course Name	
Explanation of Request (if more space is needed, attach additional page)	
Student Signature	
Student to take form to Study Area Coordinator	
STUDY AREA COORDINATOR	
Approved by	Date
Signature of Study Area Coordinator	
CURRICULUM COMMITTEE	
Curriculum committee meeting date	
Approved by	Date
RULES COMMITTEE	
Rules Committee meeting date	
☐ Approved ☐ Disapproved ☐ Hold For Comments	
Approved bySignature of Chairperson of Rules Committee	
Signature of Chairperson of Rules Confinititee	