

C E E E F A C O U R S E R E V I S I O N

Please fill out completely and submit this form to advisor.

Student Name _____	I.D. Number _____
Original EFA _____	Changed EFA _____
Date _____	
Expected Graduation Date: _____	

Original EFA COURSES		
Course Number	Course Title	SH
When more than 2 courses need to be substituted, a new EFA is required.		
Total Semester Hours		

SUBSTITUTIONS		
Course Number	Course Title	SH
When more than 2 courses need to be substituted, a new EFA is required.		
Total Semester Hours		

EFA Revision

Check One: Course Completed
 Currently Enrolled
 Future Enrollment

Reason(s) you believe this/these course(s) to be equivalent and acceptable substitution(s):

APPROVAL

- Chair of Curriculum Committee: _____ DATE _____
- Adviser Signature: _____ DATE _____
- Department Chair Signature: _____ DATE _____

DISAPPROVAL

Signature: _____ DATE _____

Reason:

After Adviser's signature, please return form to 4105 SC. Once approved, the CEE Office will notify you by email and forward to the Office of Engineering Student Services. Thank you!