KEAN UNIVERSITY

COURSE SUBSTITUTION FORM

To: Registrar's Office

From:

Student:

ID#:

Department: School of Public Architecture

Date:

Start Term:

Major/Option: Master of Architecture/Prep

REQUIRED KEAN COURSE			**SUBSTITUTED COURSE**			
Course #	**Course Title**	**S.H.**	**Course #**	**Course Title**	**S.H.**	**Institution**
ARCH 2303	Representation 3	3				
ARCH 4100	Foundation Architectural Design Studio	4				
ARCH 4201	Architectural History Survey	3				
ARCH 3401	Structures 1	3				
ARCH 4403	Building Systems 1	3				
ARCH 4101	Architectural Design Studio I	6				
ARCH 4601	Intro to Architectural Theory	3				
ARCH 4102	Architectural Design Studio II	6				
ARCH 4208	History/Theory Seminar	3				
ARCH 4402	Structures 2	3				

TOTAL: Required Kean Courses S.H.	**36**	**TOTAL**: Substituted Courses S.H.	

Faculty Evaluator: **Signature:** **Date:**

Department Chairperson: **Signature:** **Date:**

Comments: