REQUEST FOR COURSE SUBSTITUTION

Instructions:
- Please submit at least three weeks prior to the start of a term/session.
- Review the course requirements for your major or program.
- Identify a comparable course that you would like to use to substitute for a required course.
- Submit form to the Office of Academic & Student Support Services and allow two to three weeks for the request to be processed.

PART I. STUDENT INFORMATION

Student name: ____________________________

First (Given name)  Middle  Last (Family name)

Mailing address: ____________________________

Street  City  State  Zip code

Student ID: ____________  Current Degree and Major: ____________________________

Primary telephone number: ____________________________  Email address: ____________________________

PART II. REQUEST FOR COURSE SUBSTITUTION

Term for request: □ Fall  □ Winter  □ Spring  □ Summer  □ Session 1  □ Session 2  Year: _________

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required Course</td>
<td></td>
</tr>
<tr>
<td>Substitution Course</td>
<td></td>
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</tbody>
</table>

If substitution course is NOT a College of Professional Studies course, please provide name of institution of substitution course and attach course description/syllabus: ____________________________

Please provide a brief (one-paragraph) rationale for requesting the substitution: ____________________________

________________________________________
Student signature

Date

FOR OFFICE USE ONLY: Date assigned: ____________________  Assigned to: ____________________

Signature: ____________________  Date complete: ____________________  Petition: □ Accepted  □ Denied

Comments: