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: __________ Text Current Degree and Major: __________ Text

Primary telephone number: __________ Text Email address: __________ Text

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>Text</td>
</tr>
<tr>
<td>Substitution Course</td>
<td>Text</td>
</tr>
</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: ____________________________ Text

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

__________________________________________________________________________

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Student signature ______________________ Date ______

FOR OFFICE USE ONLY: Date assigned: __________ Assigned to: __________________

Signature: ____________________________ Date complete: __________ Petition: [ ] Accepted [ ] Denied

Comments: