



Request for Course Substitution Petition for Exception to Academic Policy

Student Name _____ Date _____

Student Address _____
Street or C-Box City, State, Zip

Complete only the portion(s) of this form that are applicable to your request.

Part 1) REQUEST FOR COURSE SUBSTITUTION:

I respectfully request that the following course substitutions be applied to the requirements for my degree completion: (if this action involves an exception to policy you must complete part 2)

Course completed	Equivalent or Degree Requirement	Academic Dean Initials

Student Signature: _____

Advisor: _____

Part 2) PETITION FOR EXCEPTION TO ACADEMIC POLICY:

I respectfully request that:

My reason for making this request is:

Student Signature

Advisor Signature

Academic Dean Signature

Return the completed form to the Registrar's Office. The student and advisor(s) will receive a copy of the approved form.

Provost Appr _____

For office use only Registrar received/comments or annotations: Approved form distributed

Cams updated:

Degree Audit _____
(initial/date)