

PETITION FOR COURSE SUBSTITUTION

Student's Name _____ Date _____ Student ID _____

Course Number and Full Title of the Course Required:

Course Number and Full Title of Course Previously Taken:

Semester and Year _____ Credit Hours _____ Grade _____
Semester/Quarter (circle)

Institution Where Course Was Taken _____

Note. Attach syllabus, bibliographies, exams, and any other materials that could be useful in establishing the content and level of the course.

Program Advisor's Signature _____ Date _____

Instructor's Signature _____ Date _____

Training Director's Signature _____ Date _____

School Director's Signature _____ Date _____

If the petition is approved, the petition with attachments will be placed in the student's permanent file.