

PETITION TO SUBSTITUTE REQUIRED COURSE

Name: _____ OSU ID Number: _____

Mailing Address: _____ City, State, Zip: _____

Major _____ Specialization (if applicable): _____

2nd Major: (if applicable) _____ Specialization (if applicable): _____

When requesting a change or substitution of requirements in your major, first confer with your faculty advisor. If your faculty advisor believes the change is academically necessary or advisable, this form should be filled out and left with your advisor for action. Your advisor will then send the form to the Division Chairperson, who will forward it to the Office of Academic Affairs.

_____ **for** _____
Substitution/New Course (i.e. Bus Tec 2240T) Cr Hrs Required/Old Course (i.e. Bus Tec 2241T) Cr Hrs

_____ _____
Substitution/New Course Title Required/Old Course Title

academic reason(s)/justification for the request/substitution:

Student Signature: _____ **Date:** _____

____ Approved ____ Disapproved _____
Faculty Advisor Signature Date

____ Approved ____ Disapproved _____
Program Coordinator Signature Date

____ Approved ____ Disapproved _____
Division Chairperson Signature Date

____ Approved ____ Disapproved _____
Assistant Director for Academic Affairs Date

If disapproved please give reason/justification: _____

Entered DARS (Degree Audit Reporting System) Date: _____ Initials: _____
Data Entry

cc: Advisor
Student File