Departmental Student Petition

Name: __________________________________ UID #: __________________ Date of Request: ____________

ALC Major: ___________________________ ALC Minor: ___________________________

E-mail: ______________________________ Telephone #: (____)________ - __________

INSTRUCTIONS: Please fill out this form clearly outlining your request. For course substitution, attach syllabus and relevant coursework/material as necessary. Return completed form to ALC counselor.

REQUEST: (Note: Course to be substituted and for which requirement)

REASON/JUSTIFICATION: (Please be as detailed as possible)

DECISION: Approved  □  Not Approved  □

Director of Undergraduate Studies Signature ___________________________ Date ___________

Language Coordinator Signature ___________________________ Date ___________

Student Affairs Officer Signature ___________________________ Date ___________

Notes: __________________________________________________________________________

----------------------------------------------------------------------------- ALC USE ONLY ----------------------------------------------

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