Departmental Student Petition

Name:	UII) #:	Date of Request:
ALC Major:		_ALC Minor:	
E-mail:		Telephone #: ()	-
INSTRUCTIONS: Please fill relevant coursework/material c			course substitution, attach syllabus and nselor.
REQUEST: (Note: Course to	be substituted and for wh	ich requirement)	
REASON/JUSTIFICATION	: (Please be as detailed as	s nossible)	
KL/KOOTVGCOTH TC/TTTOTV	. (Trease be as detailed as	, possible)	
DECISION: Appr	roved	Not A _j	oproved
Director of Undergraduate S	tudies Signature		Date
Language Coordinator Signa			Date
Student Affairs Officer Signa			Date
Notes:			