

KANSAS UNIVERSITY SCHOOL OF ARCHITECTURE, DESIGN AND PLANNING
ARCHITECTURE DEPARTMENT

PETITION FOR SUBSTITUTION
5-year M.Arch or 4-year BA students

PLEASE SUBMIT TO Barb Seba, 205 MARVIN HALL

NAME : KUID : DATE:
LOCAL STREET ADDRESS : DEGREE: _____M.Arch(5-yr)
CITY : STATE: ZIP: _____Arch Studies
PHONE #
E-MAIL:_____

To the Chair of Architecture : I request the following substitution or revision to my degree plan:

PROPOSAL (BE SPECIFIC. Use back of form if necessary, attach copies of any relevant documents)

FOR THE FOLLOWING REASONS:

Signature of Petitioner (student) :
.....

ACTION OF CHAIR OF ARCHITECTURE After Chair action: one copy to student and one copy to student folder.

APPROVED NOT APPROVED Signature:

..... Date:
Chair's Comments: