

Petition for Course Substitution

Degree Path: check one

Submit request to:

Jordan Wade, jordanwade@ku.edu

ANIM

ILLU

INDD

IXD

PHTO

VISC

Student Information:

Name:

KUID:

Date:

Address:

City:

State:

Zip:

Phone:

email:

Expected Year of Graduation:

NOTE TO STUDENTS:

This is a specific and formal request for an alteration to your degree plan. It will be reviewed by a committee who will weigh the request against the degree requirements.

It is very important that this communication is:

- written in a professional tone,
 - makes a very specific request,
 - and, when available, is accompanied by supporting documentation.
 - Please see your program leader or advisor for help developing this request, should you need it.
-

I request the following substitution or revision to my degree plan:

Use additional pages if necessary, attach copies of any relevant documents)

Student Signature:

Chair's Signature:

Date:

Result: Approved

Revise

Denied

Recommendations from the committee (if applicable):