



Petition to Substitute MS Course

Student Name	Student ID Number	E-mail Address
Course Name:		
Course number: Course title: Institution: Department: Attached are the following: <input type="checkbox"/> Syllabus <input type="checkbox"/> Printed version of course home page If you are using this substitution course to satisfy the requirements for a degree concentration, please include with track you are pursuing and the rationale for why this course meets the requirement		
Quarter and Year in which substitute course will be taken:		
List previous petitions for course substitutions and Independent Studies:		

Student Signature

Date

Graduate committee decision

Date:

- Approved substitution**
- Denied substitution**

Comments:

Add code, if applicable: