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:
- ☐ Syllabus
- ☐ 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: