

**The Pennsylvania State University  
University College**

**Petition for Course Substitution**

INSTRUCTIONS: To petition for course substitution(s), you must consult with your advisor before completing this form. Note that this form separates petitions for **general education** substitutions from those for **major course** substitutions. Different offices review these two areas. Placing course substitution request(s) in the appropriate sections of this form will assure the processing of your request(s).

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Student's Name:	_____	PSU ID #:	_____
Local Address:	_____	Major/Option:	_____
	_____	Telephone: ( )	_____
Campus Location:	_____	E-Mail Address:	_____

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**GENERAL EDUCATION:**

SUBSTITUTE:		FOR REQUIRED PSU COURSE:	
Course: PSU or Transfer Credits	Credits	Course	Gen. Ed. Code
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Reason: \_\_\_\_\_

\_\_\_\_\_

**MAJOR COURSES:**

SUBSTITUTE:		FOR REQUIRED PSU COURSE:	
Course: PSU or Transfer Credits	Credits	Course	Gen. Ed. Code
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Reason: \_\_\_\_\_

\_\_\_\_\_

## Signatures & Recommendations

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Recommendation of Adviser:

\_\_\_\_ Recommend All Requests      Comments: \_\_\_\_\_  
\_\_\_\_ Recommend Selected Requests      \_\_\_\_\_  
\_\_\_\_ Do Not Recommend      \_\_\_\_\_

Adviser' Name: \_\_\_\_\_  
(Please Print Name)

Campus Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### General Education Course Work:

\_\_\_\_ Approve All Requests      \*Explanation for Approval of Selected Courses:  
\_\_\_\_ Approve Selected Requests \*      \_\_\_\_\_  
\_\_\_\_ Deny All Requests      \_\_\_\_\_  
\_\_\_\_ \_\_\_\_\_

Chief Academic Officer/Designee: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
(Please Print Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Major Course Work:

\_\_\_\_ Approve All Requests      \*Explanation for Approval of Selected Courses:  
\_\_\_\_ Approve Selected Requests \*      \_\_\_\_\_  
\_\_\_\_ Deny All Requests      \_\_\_\_\_  
\_\_\_\_ \_\_\_\_\_

Program Head/Designee: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
(Please Print Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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\_\_\_\_ Approved      Comments: \_\_\_\_\_  
\_\_\_\_ Denied      \_\_\_\_\_

\_\_\_\_  
Date Entered ISIS      Signature Vice President's Representative      Date