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).

Student’s Name: ___________________________  PSU ID #: ___________________________
Local Address: ___________________________  Major/Option: ___________________________
                    ___________________________  Telephone: (___) _________________________
Campus Location: ___________________________  E-Mail Address: _________________________

GENERAL EDUCATION:

<table>
<thead>
<tr>
<th>SUBSTITUTE:</th>
<th>FOR REQUIRED PSU COURSE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course: PSU or Transfer Credits</td>
<td>Course</td>
</tr>
<tr>
<td>1. ___________________________</td>
<td>___________________________</td>
</tr>
<tr>
<td>2. ___________________________</td>
<td>___________________________</td>
</tr>
<tr>
<td>3. ___________________________</td>
<td>___________________________</td>
</tr>
<tr>
<td>4. ___________________________</td>
<td>___________________________</td>
</tr>
</tbody>
</table>

Reason: __________________________________________

MAJOR COURSES:

<table>
<thead>
<tr>
<th>SUBSTITUTE:</th>
<th>FOR REQUIRED PSU COURSE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course: PSU or Transfer Credits</td>
<td>Course</td>
</tr>
<tr>
<td>1. ___________________________</td>
<td>___________________________</td>
</tr>
<tr>
<td>2. ___________________________</td>
<td>___________________________</td>
</tr>
<tr>
<td>3. ___________________________</td>
<td>___________________________</td>
</tr>
<tr>
<td>4. ___________________________</td>
<td>___________________________</td>
</tr>
</tbody>
</table>

Reason: __________________________________________

-- Signature Page on Back --
Signatures & Recommendations

Student’s Signature: ___________________________ Date: ____________

Recommendation of Adviser:

_____ Recommend All Requests  Comments: ________________________
_____ Recommend Selected Requests ________________________________
_____ Do Not Recommend  ________________________________

Adviser’s Name: ___________________________ (Please Print Name)
Campus Phone: ___________________________ E-Mail Address: ____________
Signature: ___________________________ Date: ____________

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: ____________

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: ____________

_____ Approved  Comments: ________________________
_____ Denied  ________________________________

Date Entered ISIS  Signature Vice President’s Representative  Date