

**UNDERGRADUATE COURSE SUBSTITUTION PETITION**

Student name (print)       KUID      Major

Student’s email      Cumulative GPA

Date of 1st KU semester       Estimated Date/Semester of Graduation

I respectfully request the following course substitution:

**Please attach course description and/or syllabus**

Substitute course For (the following required course at KU)

Reasons for substitution:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Petitioner Signature Date

Faculty Advisor (to be completed by student’s faculty advisor)

Approved \_\_\_\_\_\_\_\_\_\_

Not approved \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Advisor Signature Date

Division Directors (must include all Divisions affected by this request)

Approved \_\_\_\_\_\_\_\_\_\_\_\_

Not approved \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Division Signature DateSecond Division SignatureDate\_**\_\_\_\_\_\_\_\_**

**MEMT** Division Only for Music Education licensure and/or Music Therapy certification (if necessary)

Approved \_\_\_\_\_\_\_\_\_

Not approved \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Licensure/Certification Officer Date

ME – Licensure Officer, 211 JRP

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MT – Director of Music Therapy, 448D MUR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Services and/or UG Advisor requirement/policy check (to be completed in 450 Murphy Hall):

Approved \_\_\_\_\_\_\_\_\_\_\_

Not approved \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Services SignatureDate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Associate Dean for Academic Affairs

Approved \_\_\_\_\_\_\_\_\_\_\_\_

Not approved \_\_\_\_\_\_\_\_\_\_\_\_

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Associate Dean SignatureDate**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**USE A SEPARATE SUBSTITUTION FORM FOR EACH COURSE REQUEST**