



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 Date

Second Division Signature Date

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 Signature

Date

Associate Dean for Academic Affairs

Approved _____

Not approved _____

Associate Dean Signature

Date

USE A SEPARATE SUBSTITUTION FORM FOR EACH COURSE REQUEST