PETITION FOR A SUBSTITUTION OF MAJOR REQUIREMENT

Instructions: Complete your portion of this form, attach appropriate documentation (e.g. syllabi, etc.), and return to the Office of the Registrar. If the Office of the Registrar receives an approval for the petition, your file will be updated to reflect this substitution. Please allow at least 10 business days for your petition to be processed from the date of receipt. You will be notified of the outcome once a decision has been received. For some petitions, a longer time frame may be necessary in order to make an informed decision.

Full Name __________________________ SSN __________________________
Permanent Address __________________________
Contact Phone number (______) __________________________
HC e-mail __________________________

Class to be Substituted:

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
</table>

Requested Substitute Class:

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
</table>

Explanation for necessity of substitution (please feel free to use separate sheet of paper if needed):

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Description of attached documentation concerning content of requested substitution course and why this course fulfills the intent of the required class:

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Signature: __________________________ Date: __________

Advisor notification and support of petition – it is the student’s responsibility to obtain this signature before forwarding the petition to the Office of the Registrar.

Advisor signature: __________________________ Date: __________

Internal use only below this line.

Received by: __________________________ Date received: __________

Dean of the Adult Degree Completion Program (ADCP)

Approved

Denied

Signature: __________________________ Date: __________

Original to Registrar’s Office Copy to Advisor