

COLLEGE OF AGRICULTURAL, CONSUMER AND ENVIRONMENTAL SCIENCES (ACES)
128 Mumford Hall/MC-710 * 1301 West Gregory Drive * Urbana, IL 61801 * (217) 333-3380

PETITION FOR SUBSTITUTION OF A REQUIRED COURSE

Petitions are to be submitted for all requests of substitutions for required courses. The College of Agricultural, Consumer and Environmental Sciences does not waive total hours required in a degree program. Requests to make a substitution for a required course should be made **prior to enrolling in the alternative course**; having completed the alternative course does not assure approval. All petitions must be completed in full following the procedural guidelines below before they will be reviewed.

PROCEDURAL GUIDELINES

- 1) It is the student's responsibility to obtain and submit with the petition any documentation that supports this request. The documentation could include, but is not limited to:
 - a) a syllabus for EACH course under review to accompany the substitution request is required;
 - b) a catalog description of the course to be used as the substitution; or
 - c) an endorsement from the University of Illinois at Urbana-Champaign faculty member who teaches the required course on this campus and who believes the course in question is an acceptable substitution.
- 2) The completed *Petition for Substitution of a Required Course* is to be submitted to the student's departmental advising coordinator for review and comments.
- 3) The completed petition with signatures and all supporting documentation should be submitted to the Office of Academic Programs, 128 Mumford Hall.
- 4) A decision will be sent via email to the address listed on this form within ten to fourteen business days after submission of completed petition.

Due to federal privacy laws (FERPA), the information in and status of your petition cannot be discussed with anyone other than you as the student without a signed release form.

**STUDENT'S WRITTEN REQUEST
TO PETITION FOR SUBSTITUTION OF A REQUIRED COURSE**
(TYPE OR PRINT LEGIBLY)

NAME _____ UIN _____

REQUIRED COURSE _____ DATE SUBMITTED _____

COURSE SUBSTITUTION _____
(Course Title, Subject, Code, and Number)

TYPE or PRINT below the reason(s) why this request is being made and why you believe it should be granted.

I have read this petition, complied with all of the instructions, and attached all supporting documentation.

SIGNED _____ DATE _____

ADDRESS _____

PHONE NUMBER _____ E-MAIL ADDRESS _____

EXPECTED DATE OF GRADUATION: May 20____ Aug. 20____ Dec. 20____

**EVALUATION OF STUDENT'S REQUEST FOR SUBSTITUTION OF A REQUIRED COURSE
TO BE COMPLETED BY DEPARTMENTAL ADVISING COORDINATOR**

Please provide us with your comments on the merits of this petition. (If you are unable to make a complete assessment of this student's request, it may be necessary for the student to supply you with a course description or syllabus to give you enough information to evaluate the request for substitution.)

I believe the course is an acceptable substitution for a requirement within the major.

I believe the course is **not** an acceptable substitution for a requirement within the major.

Please share any thoughts regarding this petition:

ACADEMIC ADVISOR'S NAME (Please print)

PHONE NUMBER

E-MAIL ADDRESS

ACADEMIC ADVISOR'S SIGNATURE

DATE

**TO BE COMPLETED BY
THE DEPARTMENTAL ADVISING COORDINATOR**

ADVISING COORDINATOR'S NAME (Please print)

PHONE NUMBER

E-MAIL ADDRESS

ADVISING COORDINATOR'S SIGNATURE

DATE

