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.

The Academic Programs, 128 Mumford Hall, office will not accept petitions that have not been completed in full.

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 from the course to be used as the substitution;

   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 advisor for review and comments.

3) After the academic advisor has reviewed and added comments the student is to forward the petition to the department’s advising coordinator for review and comments.

4) When review by the student’s advisor and the departmental advising coordinator are complete the student submits the petition to the Academic Programs office for review.

Last Revised 07/08
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. After the petition is received in the College of Agricultural, Consumer and
Environmental Sciences Academic Programs office, it will take seven to ten business days for
the Committee’s decision to be mailed to you.

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

SIGNED_____________________________________________________

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 ACADEMIC ADVISOR

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
TO BE COMPLETED BY
ACADEMIC PROGRAMS
COLLEGE OF AGRICULTURAL, CONSUMER AND ENVIRONMENTAL SCIENCES

FINAL ACTION:

☐ APPROVED, SUBSTITUTION OF ___________________________ FOR ___________________________
   COURSE                                   UNIVERSITY OF ILLINOIS COURSE

☐ DENIED

_________________________________________________________     ______________________________
DEAN’S SIGNATURE                                                                     DATE