

University of the Incarnate Word
Request for Change in Degree Requirements
Substitution Form

Print or Type All Information

Name: _____ Date of Petition: _____
Address: _____ Phone Number: _____ Classification: _____
Major/Concentration: _____
Anticipated Date of Graduation: _____

Student's Petition: (Complete one form for each substitution requested.)

Request to Substitute _____ for (required course) _____
Dept Number Dept Number

Rationale: _____

Student's Signature: _____ Student's ID _____
Signature

Advisor's Recommendation (change in major requirements): _____ **Approved** _____ **Denied**

Comments: _____

Advisor's Signature: _____ Date _____
Signature

Department Chair (of required course) Recommendation (changes in core or major req): _____ **Approved** _____ **Denied**

Comments: _____

Department Chair's Signature: _____ Date _____
Signature

Dean's (of required course) Recommendation (changes in core or major requirements): _____ **Approved** _____ **Denied**

Comments: _____

Dean's Signature: _____ Date _____
Signature

Vice President for Academic/Student Affairs Recommendation (as needed for changes in institutional requirements):

Comments: _____ **Approved** _____ **Denied**

Vice President's Signature: _____ Date _____
Signature

Registrar's Office Use Only

Comments:

Registrar's Office Personnel

Date

5/10/06 3:42 PM