PETITION TO USE A SUBSTITUTE COURSE OR UNLISTED H/S

NAME: ___________________________ MAJOR: _______ CLASS OF ______

STUDENT NUMBER: _______ • _______ • _______

___ I PETITION TO REPLACE: Course Title ________________________ Number ________
WITH SUBSTITUTE COURSE: Course Title ________________________ Number ________

___ I PETITION TO USE: Course Title ________________________ Number __________________
for Humanities _______ Social Science _______ credit. This course is not on the approved H/S list.

Which will be taken at: Another U.C. college (name) ___________________________________
Another university (name) __________________________________

During the __________ Quarter, 19 ___.

This course will be taken during a (CO-OP) (STUDY) quarter. (circle one)

Note: If the course is taken from another university or from the College of Evening and Continuing Education, a grade of "C" or better is required to receive credit toward graduation.

This petition must be completed before the course work is started.

For courses not offered by a college at the University of Cincinnati, a syllabus may be required before approval will be granted. A transcript or grade report must be sent or brought to the Office of Academic Affairs to have advanced standing recorded on your student record.

Reason that the course substitution is desired:

___ Conflict with other required course. Name the course: ______________________________

___ Course not offered during quarter in question.

___ To (catch up) (get ahead) during a co-op quarter.

___ Other (please explain on the back or on a separate page).

Student Signature: ___________________________ Date: __________________

Approved: YES NO Comments: ___________________________ Date: __________________

Academic Adviser Signature: ___________________________ Date: __________________

Approved: YES NO Comments: ___________________________ Date: __________________

(Required only if course taken during co-op quarter)
Professional Practice Adviser Signature: ___________________________ Date: __________________

Approved: YES NO Comments: ___________________________ Date: __________________

Committee on Academic Standards Signature: ___________________________ Date: __________________

Tag: College File ___ Dept. file ___ Student file ___ Professional Practice ___ By ___ Date ___________