

College of Health and Human Services  
**PETITION FOR COURSE SUBSTITUTION OR COURSE WAIVER**

LAST NAME \_\_\_\_\_ First Name \_\_\_\_\_

Banner ID \_\_\_\_\_ Phone \_\_\_\_\_

Major \_\_\_\_\_

What is the COURSE NUMBER and TITLE of the course that is required for your program of study?

\_\_\_\_\_ Credits \_\_\_\_\_

If the course you wish to substitute was taken at IUP, what is the COURSE NUMBER and TITLE?

\_\_\_\_\_ Credits \_\_\_\_\_

If the course you wish to substitute was transferred to IUP from another university, what is the COURSE NUMBER and TITLE as it appears on your IUP transcript?

\_\_\_\_\_ Credits \_\_\_\_\_

Provide a RATIONALE in the space below explaining why the course should be substituted or waived. *If a course is waived, you must meet the 120 credit requirement for the major, as well as Liberal Studies requirements for graduation. It may be necessary to take another course to replace the credits waived.*

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APPROVALS:

_____ Advisor	_____ Date	<input type="checkbox"/> Substitution Approved	<input type="checkbox"/> Waiver Approved	<input type="checkbox"/> Request Denied
_____ Chairperson	_____ Date	<input type="checkbox"/> Substitution Approved	<input type="checkbox"/> Waiver Approved	<input type="checkbox"/> Request Denied
_____ Dean's Associate	_____ Date	<input type="checkbox"/> Substitution Approved	<input type="checkbox"/> Waiver Approved	<input type="checkbox"/> Request Denied

*Once approved, the student and advisor will receive an email message, and the substitution/waiver will be added to the student's Degree Works record.*

*Revised Feb 2015*