

Degree Audit _____	Date _____
Mailed copy to student _____	
Check transcript(s) _____	Date _____

SECONDARY
Academic Petition for COURSE SUBSTITUTION(S)

Please use **BLACK** pen.

Date Submitted _____

Student's Name: _____ University ID# _____

Address: _____
Street City State Zip

Telephone Home: _____ Work: _____

Please place a check by your Secondary Education major: ___ Language ___ Math ___ Science ___ Social Studies

I petition the School of Education to approve the following action:

IUS REQUIREMENT		SUBSTITUTE COURSE				
Dept/Course #	Course Name	Dept/Course #	Course Name	Where Taken	When	Hrs/Grade

*Student's Rationale: _____

Program Coordinator's Signature: _____ Date: _____ Approved: ___ Denied: ___

Coordinator/Secondary Education's Signature _____ Date: _____ Approved: ___ Denied: ___

Dean's Signature: _____ Date: _____ Approved: ___ Denied: ___

PETITION: ___ Approved ___ Denied

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*Student's Rationale _____

Program Coordinator's Signature: _____ Date: _____ Approved: ___ Denied: ___

Coordinator/Secondary Education's Signature _____ Date: _____ Approved: ___ Denied: ___

Dean's Signature: _____ Date: _____ Approved: ___ Denied: ___

PETITION: ___ Approved ___ Denied

****Please attach a syllabus and/or a course description from the college bulletin for the course(s) you want to substitute for an IUS course. Attach additional page if necessary.***

SUBMIT PETITION TO YOUR PROGRAM COORDINATOR
FOLLOWING ACTION OF THE DEAN, A COPY OF THIS FORM WILL BE FORWARDED BY MAIL.