

# Appendix D

Indiana University Southeast  
School of Education

IUCARE _____	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: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_  

Street
City
State
Zip

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_

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: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Coordinator of Secondary Education's Signature \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Dean's Signature: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Date: \_\_\_\_\_

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

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Student's Rationale \_\_\_\_\_

Program Coordinator's Signature: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Coordinator of Secondary Education's Signature \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Dean's Signature: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Date: \_\_\_\_\_

**SUBMIT PETITION TO YOUR PROGRAM ADVISOR**

FOLLOWING ACTION OF THE DEAN, A COPY OF THIS FORM WILL BE FORWARDED BY MAIL.