

UNIVERSITY OF PIKEVILLE

PETITION FOR COURSE SUBSTITUTION

Student Name _____ UPIKE ID # _____

Mailing Address _____

Telephone _____ Email _____

Major/Emphasis/Area _____

Minor (IF APPLICABLE) _____ Classification _____

Expected Graduation Date _____

Year and Term Requesting Substitution _____

When is course being substituted, scheduled or expected to be taught again _____

Course Required			Course Substitution Request		
Course Department	Course Number	Course Title	Course Department	Course Number	Course Title

Reason for request _____

Signatures needed for approval:

Advisor

Date

Division Chair (If Applicable)

Date

Dean

Date

Registrar

Date