Request for Substitution of Program Course Requirements

_____   _____   _____   _____
Last Name   First Name   Middle Name   Maiden/Former Names(s)

_____   _____   _____ _____   (_____) _____-_____
Street   City   State   Zip   Cell Phone

_____   _____   _____   _____
Email Address   SSU ID#   Department   Program

_____ Program Applicant   _____ Program Admit

Important: Please complete ONE form for EACH course substitution being requested.

Directions for Completion:

1) Students are to write their rationale for requesting the substitution of program course requirements and attach unofficial transcripts, course descriptions and course syllabus. Please note: Incomplete petitions will not be evaluated

2) Students submit complete substitution request via email to Maricela Ibarra at maricela.ibarra@sonoma.edu

PROGRAM COURSE REQUIREMENT BEING PETITIONED: _____

Justification for Petition: (use separate sheet of paper if needed):

Signature _____   **Date** _____

(OFFICE USE ONLY)

Instructor's Recommendation: ___Approve   ___Deny   ___Need additional information

Notes:

Signature of Instructor _____   **Date** _____

Substitute Program Course: _____

Course #: _____   **Taken At:** _____   **For: Subject:** _____   **Course #** _____

Signature of Program Coordinator: _____ **Date:** _____