

PETITION FOR COURSE REVIEW FOR ADMISSIONS PREREQUISITES

NAME: _____ DATE: _____

DATE OF BIRTH: _____ PHONE: _____

PROGRAM: _____ ENTRY TERM: _____

I am requesting a petition for one of the prerequisite courses required for admission. The Prerequisite course that I would like to have substituted is:

PREREQUISITE COURSE TO BE SUBSTITUTED (LIST COURSE NAME):

COURSE TO BE USED FOR SUBSTITUTION (COURSE # AND TITLE):

SEMESTER CREDIT HOURS: _____ **UNIVERSITY ATTENDED:** _____

STUDENT SIGNATURE: _____

Attached you will find transcript(s), a course syllabus and/or course description for each course listed above.

FOR OFFICE USE ONLY:

STUDENT ID: _____

Admissions Committee Chair, approve or decline the course listed above and sign.
(Not necessary for School of Medicine or Dental School)

- Approve *
 Decline

SIGNATURE

Associate Dean, approve or decline the course listed above and sign.

- Approve *
 Decline

SIGNATURE

*Approval granted for the class entering _____ / _____
Fall/Spring/Summer Year

Associate Registrar, approve or decline the course listed above and sign.

- Approve
 Decline

SIGNATURE