**SCHOOL OF ENVIRONMENT AND NATURAL RESOURCES**

**Course Change Petition**

Name: ______________________________________  Student ID No.: ______________________________________

OSU E-Mail: __________________________________  Phone: _________________________________________

Major, Specialization: ___________________________  Expected Graduation Term/Yr: _______________________

Faculty Advisor: _______________________________  Academic Advisor: _______________________________

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**Only one substitution per form**

<table>
<thead>
<tr>
<th>Substitution</th>
<th>Requirement (Course or Category)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept.</td>
<td>Course No.</td>
</tr>
</tbody>
</table>

*Faculty advisor approval not needed for GE course substitutions.*

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**Reason substitution needed:**  
- □ course conflict  
- □ required course not offered before graduation  
- □ required course full  
- □ other: ____________________________

**Explanation of why substitution is appropriate:**

_____________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Signature:  ___________________________________________________

Student Date ______________________

**Required attachment:**  
- □ Syllabus of substitution course

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**Faculty comments**:  

_____________________________________________

_____________________________________________________________________________________

Signature*:  ___________________________________________________

Faculty Advisor Date ______________________

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Please return signed petition to the SENR Academic Office in 210 Kottman for final approval and processing.

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**Office Use Only**

Referral to Academic Affairs?  
- □ Yes  
- □ No  
Decision: ________________________

School Designee:  
- □ Approve  
- □ Deny

Signature:  ___________________________________________________

School Approval Date ______________________

Comments:  ___________________________________________________

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DARS Revisions Complete
Initials: __________ Date: __________

Revised 11/9/2015 AMM