

**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: _____

Only one substitution per form

Substitution

Requirement (Course or Category)

Dept. _____ Course No. _____ Course Title _____ Credit Hrs _____

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

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

Faculty comments*: _____

Signature*: _____
Faculty Advisor Date

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

<i>Office Use Only</i>	
Referral to Academic Affairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No Decision: _____
School Designee:	<input type="checkbox"/> Approve <input type="checkbox"/> Deny
Signature: _____	_____
School Approval	Date
Comments: _____	
# Petitions already completed for student _____ DARS Revisions Complete: Initials: _____ Date: _____	