

University of the Incarnate Word
Request for Change in Degree Requirements
Substitution Form

Print or Type All Information

Name: _____ Student ID: _____
UIW Email: _____ Phone Number: _____
Anticipated Date of Graduation: _____ Major/Concentration: _____
Have you applied to graduate? _____

Student's Petition: (Complete one form for each substitution requested.)

Request to Substitute _____ for (required course) _____
Dept Number Dept Number

Rationale: _____

Student's Signature: _____
Signature Date

Advisor's Recommendation (change in major requirements): _____ **Approved** _____ **Denied**

Comments: _____

Advisor's Signature: _____
Signature Date

Department Chair (of required course) Recommendation (changes in core or major req): _____ **Approved** _____ **Denied**

Comments: _____

Department Chair's Signature: _____
Signature Date

Dean's (of required course) Recommendation (changes in core or major requirements): _____ **Approved** _____ **Denied**

Comments: _____

Dean's Signature: _____
Signature Date

Registrar's Office Use Only

Comments:

Registrar's Office Personnel

Date

8/13/13 4:16 PM