

UK UNIVERSITY OF KENTUCKY College of Agriculture

PETITION FOR COURSE SUBSTITUTION

Name: _____

Student Number: _____ Major: _____

Phone Number: _____ E-Mail: _____

I wish to substitute _____ for _____
(Course Prefix & No.) (Course Prefix & No.)

Reason for substitution:

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Dean's Approval: _____ Date: _____

Return this form to:

Susan Skees
Advising Resource Center
N8 Ag. Science Center
(859) 257-3468