



Student Records/Graduation
P.O. Box 19000
Portland, OR 97280-0990

Phone: 971-722-7100
Fax: 971-722-7135

Petition for Course Substitution

Name _____ G# _____
 Address _____ Phone _____
 _____ Degree/Cert _____

Please attach any relevant supporting documents.

Before turning in this form it must be approved and signed by the department.

This form must be turned in with the Application for Graduation.

USE THIS SECTION TO MAKE A FORMAL REQUEST TO SUBSTITUTE COURSE REQUIREMENT(S)*:

Required Course

Proposed Substitution

Course #	Course Title	Cr. Hrs.

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If additional space is needed please attach separate page, date and sign.

Please state reason for request. _____

* If granted, this request does not reduce the total number of credits required for a degree or certificate.

Student Signature

Date

This Section To Be Completed by Department.

Approved

Not Approved

Department Signature

Date

Comments: _____

Request cannot be processed without signature.