

## PETITION FOR COURSE SUBSTITUTION

Name: \_\_\_\_\_

UKID 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: \_\_\_\_\_

DUS Signature: \_\_\_\_\_  
(if required by department/program)

Date: \_\_\_\_\_

Return this form to:

Jamie Dunn  
Center for Student Success  
N24 Ag. Science Center  
jamie.dunn@uky.edu  
(859) 257-3468

see blue.