Use this form to request a substitution for a required course in any of the COF undergraduate majors. For your petition to be complete you must:

1) Complete both pages
2) Attach the course syllabus (must contain a detail of the course content and approximate time spent on each content area) OR the course catalog description (if syllabus is not available)
3) Submit the completed form to your academic advisor

There is a chance your petition may not be approved or that you may be asked to provide additional information/documentation. Note that courses for substitution must be a reasonable match, if not a perfect match.

Name: ___________________________________________________________Student ID:________________________________

Email ___________________________________________________Advisor:_____________________________________________

Student Signature: _______________________________________________Date: ______________________________________

OSU Course/Degree Requirement you want to fulfill with this petition:

| Information about the course(s) you want to substitute for the OSU requirement above |
|-----------------------------------|---------------------------------|
| Course Title:                     |                                 |
| Course Number:                    |                                 |
| Name of Institution:              |                                 |
| City & State:                     |                                 |
| Textbook & Author:                |                                 |
| Grade earned:                     |                                 |
| Credit hours:                     |                                 |
| Quarters or Semesters?:           |                                 |
| Was a lab included?:              |                                 |

When did you take the course/when do you plan to take the course?
Please use the space below to clearly summarize the reason for this request, and why you feel the course is a reasonable substitute for the requirement (you may attach a separate document if you wish).

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

**Approval signatures must be obtained in the order listed.**

1. **ACADEMIC ADVISOR**
   - Approve
   - Deny
   - Comments:
   - Signature Date

2. **INSTRUCTOR OF OSU COURSE**
   - (if needed)
   - Approve
   - Deny
   - Comments:
   - Signature Date

3. **DEPARTMENT HEAD**
   - (if needed)
   - Approve
   - Deny
   - Comments:
   - Signature Date

4. **HEAD ADVISOR**
   - (if needed)
   - Approve
   - Deny
   - Comments:
   - Signature Date

**Advisors:** □ Equivalent □ Substitution

MyDegrees by:_________; date__________

OnBase by:_________; date__________________

Student notified by:__________________; date__________________  UPDATED: 1/22