SCHOOL OF EDUCATION
INDIANA UNIVERSITY
SOUTH BEND

Petition for Academic Course Substitution

Students please note: *A* **SEPARATE FORM** *should be completed for each class substitution.* ***All petitions must be completed by the end of the general methods block.***

Directions:

- Download PDF to your device and complete.
- Email to Tracy Horvath, Faculty Support, at tmhorvat@iu.edu.
- The request will be routed for review and a signed copy with the decision will be emailed back to you and uploaded to your AdRX account.

Student Name:_____ Date: _____

IU Email:_____ ID#: _____

Select Your Program

Other:

Required IUSB Course	Course to Substitute
Course Code: _____Credits_____	**Course Code: _____Credits_____**
Title: _____	**Title: _____**

Institution **Proposed or Completed Semester/Year** **Grade if Completed**

Documentation (even for courses taken at IUSB) must include:

- Transcript from above institution (please highlight course on transcript)
- Course syllabus for class from above institution
- ***If Applicable***: Official verification (letter on university stationary) of any field experience or laboratories associated with course, including the number of hours required for field experience
- A brief narrative explanation, on the following page, of why you believe the course you completed satisfies the specific requirements and outcomes of the required course to be substituted.

Please email this form and all documentation to Tracy Horvath, Faculty Support Admin

After faculty review, a copy will be uploaded to AdRX and reviewed during your next advising appointment.

Student Explanation of Course Substitution

Please write a brief narrative explaining why you believe the course you completed satisfies the specific requirements and outcomes of the required course to be substituted.

Petition for Academic Course Substitution
For Faculty/Staff Use Only

Student Name:_____

Recommendation

☐ Approved -- For all students requesting this substitution

☐ Approved -- For this student only

☐ Denied – (please write a brief explanation of why the requested substitute course will not satisfy the specific requirements and outcomes of the required course.)

Name and title of individual reviewing this documentation.

_____

Signature of individual reviewing this documentation.

Date: _____

Note: Please return all pages and documentation to Tracy Horvath once signed.