



# 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#: \_\_\_\_\_

### Other:

Required IUSB Course	Course to Substitute
Course Code: _____ Credits _____	Course Code: _____ Credits _____
Title: _____	Title: _____

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

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**Signature of individual reviewing this documentation.**

**Date:**

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