 **WCU ID#**

**Request for Course Substitution for WCU Graduation Requirement**

**Undergraduate Students**

*Instructions:* Use this form to request permission to use a non-approved course to fulfill a Diverse Communities, Ethics, Interdisciplinary, Speaking Emphasis, Writing Emphasis, Culture Cluster, or General Education Distributive requirement. This form is not to be used for departmental major requirements. Complete all information below and obtain all appropriate signatures. Once completed, return to the Assoc. Provost for Academic Affairs via agrinwis@wcupa.edu for final review and processing.

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| --- | --- |
| **Student Name**:       | **Major**:       |
| **Email Address**:       | **Phone Number:**       |
| **Student Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date**:       |

**Course for which a substitution is requested (Abbrev. and Number):**

**Course you wish to use (Abbrev. and Number):**

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| --- | --- | --- | --- | --- | --- | --- |
| **Type of requirement:** | [ ]  Culture Cluster | [ ]  “E” | [ ]  Gen Ed Distributive  | [ ]  “I” | [ ]  “J” | [ ]  “SE” |
|  | [ ]  “W” | [ ]  Other  |   |  |  |  |

Attach a letter detailing why an alternative to the specified course is necessary, and a copy of the syllabus for the alternative course.

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| ­­­­­­­­­­­­­­­­­­­­­­­**Student’s Academic Advisor:** | Recommendation: | [ ]  Approval | [ ]  Denial |

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| **Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Print Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date**:\_\_\_\_\_\_\_\_\_\_\_ |

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| **Student’s Department Chairperson**: | Recommendation: | [ ]  Approval | [ ]  Denial |

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| **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Print Last Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date**:\_\_\_\_\_\_\_\_\_\_\_ |

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| **Chairperson of Dept. Offering the Course**: | Recommendation: | [ ]  Approval | [ ]  Denial |

(Bring all requests for E, I, J, SE, and W to Academic Affairs. Bring all requests for Culture Clusters to the Dept. of Languages and Cultures.)

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| **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Print Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date**: \_\_\_\_\_\_\_\_\_\_ |

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| **Associate Provost for Academic Affairs**: | Recommendation: | [ ]  Approval | [ ]  Denial |

(Submit form to agrinwis@wcupa.edu for final review and processing.)

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| **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Print Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date**: \_\_\_\_\_\_\_\_\_\_ |