

 **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 agrinwis@wcupa.edu for processing and distribution to the Assoc. Provost for Academic Affairs, who makes the final determination.

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| **Student Name**:       | **Email Address**:       |
| **Student Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date**:       |

**Course or requirement for which a substitution is requested (Abv. and Number or requirement type):**

**Course you wish to use (Abv. 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 or requirement is necessary. Also include 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 |

(Take all requests for E, I, J, SE, and W to the Office of the Registrar for distribution to the appropriate CAPC Committee. Take 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 completed form to agrinwis@wcupa.edu for processing. The completed form and its attachments will be distributed to the Assoc. Provost for Academic Affairs for final review and decision at that time.)

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