Course Substitution Petition

College of Engineering
The University of Texas at El Paso

_____
Date

_____ _____ _____
Student Name ID Number Student Signature

Substitute _____ _____ **For** _____ _____
Subject **Course No.** **Subject** **Course No.**
Substitute Course **Required Course**

Reason for Course Substitution:

_____
_____
_____
_____
_____
_____

Approvals:

_____ _____ _____
Academic Advisor Advisor's Signature Date

_____ _____ _____
Program Head Head's Signature Date

Walter W. Fisher _____ _____
Associate Dean of Engineering Signature Date

Dean's Office Record:

Log Entry _____ _____ Goldmine Entry _____ _____
Initials Date Initials Date

Copy to Program _____ _____
Initials Date

Revised 7/24/2006