

COURSE SUBSTITUTION REQUEST

Use this form to submit a course substitution request for a required course.

Requested by: _____ Date: _____
Student Name Student ID Number

Student e-mail: _____

Required course: _____
UWM Course Number & Title

Substitution course: _____
UWM Course Number & Title

Semester and Year in which course was/will be completed: _____

Reviewed by Faculty Advisor

Date: _____

Name

Signature

Approved: Yes No

Reviewed by SFS APCC Chair

Date: _____

Name

Signature

Approved: Yes No

Submit this form with the following documents:

- Current course syllabi for both courses
- Letter of request with an explanation of why this request should be approved

Return form and documents to:

Mallory Kaul
Academic Affairs Manager
Room 1039
malkaul@uwm.edu