

PETITION FOR COURSE SUBSTITUTION

Name: _____

UKID Number: _____

Phone Number: _____ E-Mail: _____

I wish to substitute _____ for _____
(Course Prefix & No.) (Course Prefix & No.)

Reason for substitution:

I wish to substitute _____ for _____
(Course Prefix & No.) (Course Prefix & No.)

Reason for substitution:

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

DUS Signature: _____

Date: _____

(Chris Sass chris.sass@uky.edu)

Return this form to:

Karen Goodlet
Dept of Landscape Architecture
S305 Agriculture Science Bldg
Email: UKLA@uky.edu