

Lincoln University



PETITION FOR COURSE SUBSTITUTION

Ref:R/PCS

NAME: _____
Last / Family Name First / Given Middle

STUDENT ID: _____ EXPECTED GRADUATION DATE: _____
Month Year

DEGREE: _____ CONCENTRATION: _____
DBA/MS/MBA/BA/BS/AS (or Certificate)

Please consider the following course substitution(s):

COURSE(S) REQUIRED:

COURSE(S) TAKEN TO SUBSTITUTE:

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

4. _____

4. _____

5. _____

5. _____

REASON / EXPLANATION: _____

STUDENT'S SIGNATURE/PRINT NAME: _____ DATE: _____

THE UNIVERSITY USE ONLY

Comments / Remarks: _____

Approved: Department Chair or Program Director _____ DATE: _____

Comments / Remarks: _____

Approved: Dean or Chief Academic Officer _____ DATE: _____