LINCOLN UNIVERSITY PETITION FOR COURSE SUBSTITUTION

NAME: Last / Family Name	First / Given	M	iddle	
STUDENT ID:	EXPECTED GRADUATION DATE	::		
	CONCENTRATION:	Month	Year	
Please consider the following course	substitution(s):			
COURSE(S) REQUIRED:	COURSE(S) TAKEN	COURSE(S) TAKEN TO SUBSTITUTE:		
1	1			
2	2			
3	3			
4	4			
5	5			
REASON / EXPLANATION:				
STUDENT'S SIGNATURE:	DATE: _			
	THE UNIVERSITY USE ONLY			
Comments / Remarks:				
Annual Department Obein an Depart	Director	DATE		
	am Director			
Approved: Provost or the President		DATE:		

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