



Enrollment Services  
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# Substitution Petition

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Student ID Number \_\_\_\_\_

Program of Study \_\_\_\_\_

## Section 1 – SUBSTITUTION

Required Course		
Course Number	Course Title	Credits
<i>SP 111 (Ex.)</i>	<i>Speech</i>	<i>4</i>

Substitution Course		
Course Number	Course Title	Credits
<i>COM 115 (Ex.)</i>	<i>Communication</i>	<i>4</i>

Term	College / University	Year
<i>Fall (Ex.)</i>	<i>Oregon State</i>	<i>2011</i>

## Section 2 – JUSTIFICATION

**Justification for request must be completed by the student and/or program Department Chair for substitutions. Supporting documentation must also be attached.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signifies Approval & Authorization. By signing this document the student understands the following to be true: "Block Transfer" status may be affected by the granting of this waiver.

OFFICE USE ONLY		
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	_____	_____
	Program Department Chair Signature	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	_____	_____
	Course Department Chair Signature	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	_____	_____
	Dean and/or VPI Signature(s) – <i>if needed</i>	Date
<input type="checkbox"/> Received	_____	_____
	Registrar Signature	Date