 **WCU ID#**

**Request for Course Substitution for WCU Graduation Requirement**

**Undergraduate Students**

*Instructions:* Use this form to request permission to use a non-approved course to fulfill an I, J, W, Culture Cluster, or General Education Distributive requirement. This form is not to be used for departmental major requirements. Complete all information below and obtain all appropriate signatures. Once completed, return to the Office of Academic Affairs (address above) for the final signature.

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| **Student Name**: | **Major**: |
| **Email Address**: | **Phone Number:** |
| **Student Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date**: |

**Course for which a substitution is requested (Abbrev. and Number):**

**Course you wish to use (Abbrev. and Number):**

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| **Type of requirement:** | Culture Cluster | Gen Ed Distributive | “I” | “J” | “W” | Other |

Attach a letter detailing why an alternative to the specified course is necessary, and a copy of the syllabus for the alternative course.

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| ­­­­­­­­­­­­­­­­­­­­­­­**Student’s Academic Advisor:** | Recommendation: | Approval | Denial |

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| **Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Print Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date**:\_\_\_\_\_\_\_\_\_\_\_ |

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| **Student’s Department Chairperson**: | Recommendation: | Approval | Denial |

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| **Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Print Last Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date**:\_\_\_\_\_\_\_\_\_\_\_ |

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| **Chairperson of Dept. Offering the Course**: | Recommendation: | Approval | Denial |

(Bring all requests for I, J, and W to Academic Affairs. Bring all requests for Culture Clusters to the Dept. of Languages and Cultures.)

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| **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Print Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date**: \_\_\_\_\_\_\_\_\_\_ |

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| **Vice Provost (or designee**): | Recommendation: | Approval | Denial |

(Submit form to Office of Academic Affairs, 25 University Avenue, Suite 001 for final review and decision.)

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| **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Print Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date**: \_\_\_\_\_\_\_\_\_\_ |