



WILLIAM PENN UNIVERSITY

Course Substitution Approval

Student Name _____ ID # _____
(Please Print)

Required for _____ Catalog Year: _____ GPA: _____
(Major or Minor Name/General Ed/LDRS)

Reason for Request _____

Required Course _____
(Course Number and Title)

Substitute Course _____
(Course Number and Title)

Attach syllabus or describe how the substitute course duplicates or otherwise satisfies the required outcomes of the original course within the major.

Student Signature

Date

Division Chair Signature

Advisor's Signature

Registrar's Signature

Academic Dean's Signature