## Lincoln University

## PETITION FOR COURSE SUBSTITUTION



Ref:R/PCS		, L
NAME:		
NAME: Last / Family Name	First / Given	Middle
STUDENT ID:	EXPECTED GRADUATION DA	ATE: Month Year
DEGREE:	rtificate) CONCENTRATION:	
Please consider the following course sul	bstitution(s):	
COURSE(S) REQUIRED: COURSE(S)		N TO SUBSTITUTE:
1	1	
2	2	
3	3	
4	4	
5	5	
REASON / EXPLANATION:		
STUDENT'S SIGNATURE/PRINT NAME:		DATE:
TH	IE UNIVERSITY USE ONLY	
Comments / Remarks:		
A	. Discorto	DATE
Approved: Department Chair or Program Director  Comments / Remarks:		
Approved: Dean or Chief Academic Office	cer	DATE:

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Revised: 07/28/2017/R/ukg