

CURRICULUM CHANGE PETITION FORM

Student Name (Last, First, Middle): _____

Student ID Number: _____ Major: _____

Student Phone Number: _____ Student E-Mail: _____

Student Signature: _____ Print Name: _____

Course Substitution – (Course Syllabus must be attached)

Proposed course to be used: _____ in place of: _____

Reason for request (be specific): _____

If necessary provide an additional sheet with the detailed explanation.

Undergraduate Program Director

Signature: _____ Print Name: _____

45 Credit Rule –

Do you have Mates approval for course being taken out of UM? Yes No

If no, you need to first submit course equivalency through MATES.

Explanation/ Reason for request (be specific): _____

If necessary provide an additional sheet with the detailed explanation.

Undergraduate Program Director

Signature: _____ Print Name: _____

Technical Elective Approval

Technical Elective Course Name: _____ Class Number: _____

Undergraduate Program Director

Signature: _____ Print Name: _____

Update in CaneLink: _____ Date: _____