



**TEACHER EDUCATION & MATHEMATICS DIVISION**

**PROGRAM PETITION FORM**

**Name** \_\_\_\_\_ **ID #** \_\_\_\_\_  
(Please print all information) Last First MI

**Mailing Address** \_\_\_\_\_  
Street City State Zip

**Phone** \_\_\_\_\_ **Advisor's Name** \_\_\_\_\_

**Major/Minor** \_\_\_\_\_

**Check the box for the specific action you are requesting:**

**Program Course Substitution (must attach course descriptions and/or syllabus)**

*I wish to have the following course(s):*

College	Dept	Number	Course Title	Credits	Grade

<i>Meet the LCSC course:</i>					
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**Waiver of Course/Credit** \_\_\_\_\_

**Miscellaneous: list reason** \_\_\_\_\_

**Please explain the action you are requesting and attach course descriptions/syllabus if appropriate.**

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