

Substitution Form



Students petitioning for a substitution in their major, minor, or LSP should complete this form and submit it and all the required documents as follows. You must meet with, discuss and obtain your advisor's signature before the form can be submitted to the appropriate department. Once you have discussed the substitution with your advisor and they have signed, you may take the form to the appropriate department. If the request is within your major, submit all documents to the Department Chair of your major. If the request is within your minor, submit all documents to the Department Chair of your minor. If the request for a substitution within your major or minor is approved at the department level, it will be forwarded to the Dean as listed on the back of this form. If the request is denied, the form will be returned to the student. Students petitioning for a substitution should complete this form and submit it, a detailed course description and all other required documents to the department Chair of your major program, department Chair of your minor, or if the requirement is in the LSP, to the Dean as listed on the back of this form.

Name : _____ ID#: 00 _____

Phone Number : _____ Truman Email: _____

Degree: BA BFA BM BS BSN

Major: _____ Minor: _____

Step 1:

I would like to submit this course: _____

Subject Course # Course Title

For this course or requirement: _____

Subject Course # Course Title

In this area of my degree program:

- Major
- Minor
- Required Support
- BA/BS Requirement
- Essential Skill
- Modes of Inquiry
- Interconnecting Perspective

Step 2: If this is a Truman course, or was a Truman Study Abroad Program, please note the semester in which the course was completed: _____

Step 3: Attach a copy of your current degree worksheet from DegreeWorks.

Step 4: If this course was not completed at Truman or was not a Truman Study Abroad program, please list the name of the institution and semester completed here: _____

Step 5: Obtain your advisor's signature below:

"By signing this form, I acknowledge that I have discussed this situation with this student."

Advisor's Signature: _____ Date: _____

Department Chair's Signature: _____ Date: _____

Dean Signature: _____ Date: _____

Registrar's Office Use:

____ Substitution Processed Signature: _____

____ Substitution Not Processed Signature: _____

Copies will be emailed to Student, Advisor and Department Chair

Substitutions for LSP Requirements:

You do not need a Department Chair's signature for these substitutions. Obtain a signature as noted below:

Essential Skills

WACT _____ Dr. Holcomb or Dr. Kallerud
MATH _____ Dr. Gering
STAT _____ Dr. Gering
Public Speaking _____ Dr. Clark
Personal Health _____ Dr. Gooch

Modes of Inquiry

MATH _____ Dr. Gering
Life Science _____ Dr. Gering
Physical Science _____ Dr. Gering
Social Science _____ Dr. Clark or Dr. O'Donnell
Aesthetic Lit _____ Dr. O'Donnell
Aesthetic Art _____ Dr. O'Donnell
History _____ Dr. Clark
PHRE _____ Dr. Clark

Interconnecting Perspectives

Truman Week _____ Dr. Holcomb
JINS _____ Dr. Alberts
Writing Enhanced _____ Dr. Alberts
Intercultural _____ Dr. Alberts or Dr. Lecacque
Language _____ Dr. O'Donnell or Dr. Lee