



University of the Incarnate Word
 Office of the Registrar
 4301 Broadway, CPO 304
 San Antonio, Texas 78209
 Phone (210) 829-6006

Substitution Form

Name: _____

Student ID: _____

Phone Number: _____

UIW Email: _____

Major/Concentration: _____

Anticipated Graduation Date: _____

Have you applied to graduate? Yes No

Student's Petition (complete one form for each substitution requested)

Request to Substitute _____ for (required course) _____

Rationale: _____

Student Signature: _____ Date: _____

Advisor's Recommendation (change in major requirements): _____ Approved _____ Denied

Comments: _____

Advisor Signature: _____ Date: _____

Department Chair (of required course) Recommendation
 (changes in core or major requirement): _____ Approved _____ Denied

Comments: _____

Department Chair Signature: _____ Date: _____

Dean Signature: _____ Date: _____

Registrar's Office Use Only

Comments: _____

 Registrar's Office Personnel

 Date