

**College of Communication and Information
The University of Tennessee
Petition Form**

Name	(Last)	(First)	(Middle)

Local Address			

City		Zip Code	
_____		_____	
Phone No.		Email Address	

I wish to make the following course substitution or request:
(include course #, course title, credit hours, and grade)

COMMENTS:
(unable to schedule required course, transfer credit, similar course content, exchange program, etc.)

APPROVALS _____

Faculty Advisor	Date
_____	_____
School Director	Date
_____	_____
Director of Advising	Date
_____	_____
Dept. in which substitution is requested	Date
_____	_____

Name _____
(Last) (First) (Middle)

Date _____

Student ID No.: _____

Major _____

*Checked by _____ Catalog

*Intended Date of Graduation _____

*Petition cannot be processed without this information.