

**WCU ID#**

**Request for Course Substitution for WCU Graduation Requirement**

**Undergraduate Students**

*Instructions:* Use this form to request permission to use a non-approved course to fulfill a Diverse Communities, Ethics, Interdisciplinary, Speaking Emphasis, Writing Emphasis, Culture Cluster, or General Education Distributive requirement. *This form is not to be used for departmental major requirements*. Complete all information below and obtain all appropriate signatures. Once completed, return to [agrinwis@wcupa.edu](mailto:agrinwis@wcupa.edu) for processing and distribution to the Special Asst to the Provost, who makes the final determination.

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| **Student Name**: | **Email Address**: |
| **Student Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date**: |

**Requirement for which a substitution is requested (ex. Ethics requirement, Spanish Culture Cluster, etc.):**

**Course you wish to use (Abv. and Number):**

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| **Type of requirement:** | Culture Cluster | Diversity | Ethics | Gen Ed Distributive | |  | |
|  | Interdisciplinary | Speaking Emphasis | Writing Emphasis | Other |  | |

**Attach a letter detailing why an alternative to the requirement is necessary. Also include a copy of the syllabus for the alternative course.**

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| ­­­­­­­­­­­­­­­­­­­­­­­**Student’s Academic Advisor:** | Recommendation: | Approval | Denial |

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| **Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Print Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date**:\_\_\_\_\_\_\_\_\_\_\_ |

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| **Student’s Department Chairperson**: | Recommendation: | Approval | Denial |

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| **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Print Last Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date**:\_\_\_\_\_\_\_\_\_\_\_ |

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| **CAPC Committee Chairperson**: | Recommendation: | Approval | Denial |

(Take all requests for E, I, J, SE, W, and Gen Ed Distributives to the Office of the Registrar for distribution to the CAPC Committee Chair. Take all requests for Culture Clusters to the Dept. of Languages and Cultures.)

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| **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Print Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date**: \_\_\_\_\_\_\_\_\_\_ |

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| **Special Assistant to the Provost**: | Recommendation: | Approval | Denial |

(Submit completed form to [agrinwis@wcupa.edu](mailto:agrinwis@wcupa.edu). She will send the completed form and its attachments to the Special Assistant to the Provost for final review and decision.)

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| **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Print Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date**: \_\_\_\_\_\_\_\_\_\_ |