



UNIVERSITY OF KENTUCKY

College of Agriculture

Office of Academic Programs

PETITION FOR COURSE SUBSTITUTION

Name: _____

UKID Number: _____ Major: _____

Phone Number: _____ E-Mail: _____

I wish to substitute _____ for _____
(Course Prefix & No.) (Course Prefix & No.)

Reason for substitution:

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Dean's Approval: _____ Date: _____

Return this form to:
Susan Skees
Office of Academic Programs
Student Services Office
N8 Ag. Science Bldg. North
(859) 257-3468