



# College of Agriculture, Food and Environment

## 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:  
Center for Student Success  
N24 Ag. Science Science Bldg.  
(859) 257-3468