REQUEST FOR UNIVERSITY STUDIES COURSE SUBSTITUTION

University Studies Program requirements are met only by courses currently in the University Studies Program. The University Studies Subcommittee will not consider requests for substitution of any USP course for a different USP area. Only under highly unusual circumstances will a WSU course not listed in the University Studies Program be considered as a substitute for University Studies Requirements. Please refer to the Guidelines for University Studies Course Substitutions for the conditions under which a course substitution may be considered.

Name: ___________________________ Date: ____________
Student ID: ___________________________ Address: ___________________________
Email address: ___________________________ Major: ___________________________
Local phone: ___________________________ Status: __ Fr __ So __ Jr __ Sr
Permanent phone: ___________________________

University Studies area for which substitution is requested: ___________________________________________________

Substitute course _____________________________________________________________________________________

Dept Course # Title Credit

Are you requesting lab credits for this course?  ___ Yes  ___ No  ___ Does not apply; there is no lab for this course.

Name of school from which course was taken: _____________________________________________________________

RATIONALE: Attach a word processed document in which you explain clearly (1) why you are making this request and (2) how this proposed course should substitute as a University Studies Course in the category you request. In part (2), address each of the outcomes for that category separately: see the “University Studies Program Overview and Requirements” document at www.winona.edu/usp for the outcomes to be addressed.

Solicit the recommendation of the appropriate WSU Department Chairperson (e.g. Physics for a substitute course in Physics) before submitting your request to the University Studies Subcommittee. Attach a complete syllabus or course outline. Incomplete requests will not be considered.

SIGNATURES (Please note that you may forward your request despite a recommendation to disapprove by the Academic Advisor, Department Chair, or University Studies Subcommittee). DEPARTMENT CHAIRPERSONS: Please indicate any comment below to the University Studies Subcommittee.

STUDENT: ___________________________ Date: ____________
(signature of student)

ADVISOR: ___________________________ Advisor. recommendation: Approve: ___ Disapprove: ___
(signature of academic advisor) Date: ____________

DEPARTMENT: ___________________________ Dept. recommendation: Approve: ___ Disapprove: ___
(signature of department chairperson) Date: ____________
comment:

USP DIRECTOR: ___________________________ USS recommendation: Approve: ___ Disapprove: ___
(signature of USP director) Date: ____________

A2C2 CHAIR: ___________________________ A2C2 action: Approve: ___ Disapprove: ___
(signature of A2C2 chairperson) Date: ____________