

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: _____
 Local phone: _____ Major: _____
 Permanent phone: _____ Status: __ Fr __ So __ Jr __ Sr

University Studies area for which substitution is requested: _____

Substitute course _____

	Dept	Course #	Title	Credits
--	------	----------	-------	---------

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: _____