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: ____________________________
Permanent phone: ____________________________  __ Fr  __ So  __ Jr  __ Sr

University Studies area for which substitution is requested: ___________________________________________________

Substitute course _____________________________________________________________________________________

<table>
<thead>
<tr>
<th>Dept</th>
<th>Course #</th>
<th>Title</th>
<th>Credits</th>
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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: ____________________________  (signature of student)  Date: ____________________________

ADVISOR: ____________________________  (signature of academic advisor)  Advisor. recommendation: Approve: ____  Disapprove: ____  Date: ____________________________

DEPARTMENT: ____________________________  (signature of department chairperson)  Dept. recommendation: Approve: ____  Disapprove: ____  Date: ____________________________

comment: ____________________________

USP DIRECTOR: ____________________________  (signature of USP director)  USS recommendation: Approve: ____  Disapprove: ____  Date: ____________________________