

Undergraduate Student Petition

TO: Chair of the Committee on UG Studies (CUS)

FROM:

(Student's full name)	(KUID/PSID #)	(Level)
(Street address)	(City)	(State) (Zip)
(Telephone)	(Email address)	
(Degree pursued)	(Student's Department)	
(Student's signature)		

If doing a course substitution request fill out this section and attach a course description from a university catalog and/or a course syllabus.

Dept. (e.g.)	number	title	credit hrs.	when taken	institution
PH	105	Physics	(5)	Fall 2001	Acme State U.

for (the following required course at KU)

Dept. (e.g.)	number	title	credit hrs.
PHSX	114	College Physics	(5)

The substitution is part of: (Please check all that apply)

<input type="checkbox"/> General Education Requirements	<input type="checkbox"/> Teacher Education Program (UG; ME)
<input type="checkbox"/> Professional Education Coursework	<input type="checkbox"/> Teacher Education Program (GCP; ME)
<input type="checkbox"/> Major in: _____	<input type="checkbox"/> Music Therapy Program
	<input type="checkbox"/> Minor in: _____

INSTRUCTIONS: Briefly describe what you wish approved and give the rationale for your request. You may attach additional information and supporting letters if necessary. It is your responsibility to obtain departmental and advisor recommendations on your petition.

Advisor's recommendation

Approve _____ Deny _____

_____ (Advisor's signature)	_____ (Date)
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Advisor: Send form to Division/Department Director.

Division/Department Director's recommendation
(if same as advisor sign in both capacities)

Approve _____ Deny _____

_____ (Division/Department Director signature)	_____ (Date)
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Division/Department Director: Send form to appropriate Student Services Office Staff.

Student Services Office Staff

Approve _____ Deny _____

<p><i>Copy form for student file located in (Music - 450 MUR; MEMT - 448 MUR) <u>and</u> send original on to: CUS chair <u>(all except MEMT)</u>.</i></p> <p><i>Music Education must be sent to: Alisa Branham, Director Student Services, 211 JRP.</i></p> <p><i>Music Therapy must be sent to: Cynthia Colwell, Director of Music Therapy, 448 MUR.</i></p>

Certification Officer's recommendation

Approve _____ Deny _____

(MEMT ONLY)	
_____ (Signature of Certification Officer) (when applicable) (MT) Cynthia Colwell, Director Music Therapy, 448 MUR (ME) Alisa Branham, Director Student Services, 211 JRP	_____ (Date)

ME Cert. Officer: *Send to MEMT, 448 MUR (MEMT will copy for student file and send to CUS Chair)*

MT Cert. Officer: *Send to MEMT, 448 MUR (MEMT will copy for student file and send to CUS Chair)*

Action CUS

Approve _____ Deny _____

_____ (CUS authorization)	_____ (Date)
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Chair of CUS: Send copy of form to Student Services Director, 450 MUR

Action of Student Services Director of Music

Approve _____ Deny _____

Send copy of action to:	<input type="checkbox"/> Student <input type="checkbox"/> MEMT office as appropriate for department student file. <input type="checkbox"/> File final copy in SOM student file
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