



COLLEGE OF ARTS AND SCIENCES  
 HOBSON ACADEMIC SERVICES CENTER  
 The University of Oklahoma  
 Ellison Hall, Room 124  
 633 Elm Avenue  
 Norman, OK 73019-3118  
 Telephone: 325-4411 FAX: 325-7429

PETITION FOR A SUBSTITUTION OR WAIVER OF DEGREE REQUIREMENTS

Full Name: \_\_\_\_\_ Sooner ID#: \_\_\_\_\_  
 Address: \_\_\_\_\_ Major: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_, \_\_\_\_\_ Classification: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_  
 e-mail: \_\_\_\_\_  
 May we contact you by mail about your petition?  Yes  No

Use this form to request a substitution or waiver of a degree requirement. Please fill out this form completely according to the following steps:

1. In the space provided, explain and justify your request. Specifically, why do you think the request should be granted? What were the circumstances that led to this request? Be specific, concise, and clear.
2. Include supporting documentation to justify your request.
3. Return this form, your explanatory page, and supporting documentation to the College of Arts and Sciences Academic Services office, 124 Ellison Hall. We will notify you of the outcome of this request.

Please allow me to substitute/waive the following requirement(s) for my degree program.

Reason:

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**  
 (Do not write in this section.)

Input # \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Action by the Assistant Dean: \_\_\_\_\_ Approved \_\_\_\_\_ Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: