UMPQUA COMMUNITY COLLEGE
Registration and Records
PO Box 967
Roseburg, Oregon 97470
541.440.4604 | 541.440.7713
Registration@umpqua.edu

Substitution Petition

_____

Last Name First Name Middle Initial Student ID Number

_____

Program of Study

Section 1 – SUBSTITUTION

Required Course		
Course Number	**Course Title**	**Credits**
SP 111 (Ex.)	***Speech***	***4***

Substitution Course		
Course Number	**Course Title**	**Credits**
COM 115 (Ex.)	***Communication***	***4***

Term	College / University	Year
Fall (Ex.)	***Oregon State***	***2011***

Section 2 – JUSTIFICATION

Justification for request must be completed by the student and/or program Department Chair for substitutions. Supporting documentation must also be attached.

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_____

_____

_____

Student Signature_____ **Date:**_____

Signifies Approval & Authorization. By signing this document the student understands the following to be true: "Block Transfer" status may be affected by the granting of this waiver.

OFFICE USE ONLY

☐ **Approved** ☐ **Disapproved** _____

Program Department Chair Signature Date

☐ **Approved** ☐ **Disapproved** _____

Course Department Chair Signature Date

☐ **Approved** ☐ **Disapproved** _____

Dean and/or VPI Signature(s) – *if needed* Date

☐ **Received** _____

Registrar Signature Date