



STUDENT PETITION
FOR COURSE SUBSTITUTION
MACON STATE COLLEGE

PLEASE PRINT

Name _____

Macon State College Student ID Number
(Social Security Number NOT accepted)

Address _____ City/State/Zip _____

Term and year you expect to graduate? _____ 20 _____ Phone No. _____

Degree you are seeking? A.A. _____ A.S. _____ B.A. _____ B.S. _____ in _____

NOTE: Students should attach catalog description(s) of the course(s) to be considered for substitution.

PETITION FOR

(to be completed by the student)

Multiple horizontal lines for writing the petition details.

Student's Signature _____ Date _____

Approved _____ Date _____ Denied _____ Date _____
Chair's Signature (if applicable)

Approved _____ Date _____ Denied _____ Date _____
Dean's Signature

CONDITIONS OF APPROVAL (if any):

Multiple horizontal lines for listing conditions of approval.