

**College of Communication and Information
The University of Tennessee
Petition Form**

Name (Last) (First) (Middle)

Local Address

City Zip Code

Phone No. Email Address

**I wish to make the following course substitution or request:
(include course #, course title, credit hours, and grade)**

COMMENTS:

(unable to schedule required course, transfer credit, similar course content, exchange program, etc.)

APPROVALS _____

Faculty Advisor Date

School Director Date

Director of Advising Date

Dept. in which substitution is requested Date

Name _____
(Last) (First) (Middle)

Date _____

Student ID No.: _____

Major _____

*Checked by _____ Catalog

*Intended Date of Graduation _____

*Petition cannot be processed without this information.