PETITION FOR SUBSTITUTION
5-year M.Arch or 4-year BA students

PLEASE SUBMIT TO Barb Seba, 205 MARVIN HALL

NAME: ________________________ KUID: ________________________ DATE: ________________________
LOCAL STREET ADDRESS: ________________________ DEGREE: __________M.Arch(5-yr)
CITY: ________________________ STATE: ________________________ ZIP: ________________________
PHONE #: ________________________ E-MAIL: ________________________

To the Chair of Architecture: I request the following substitution or revision to my degree plan:

PROPOSAL (BE SPECIFIC. Use back of form if necessary, attach copies of any relevant documents)

FOR THE FOLLOWING REASONS:

Signature of Petitioner (student):

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ACTION OF CHAIR OF ARCHITECTURE After Chair action: one copy to student and one copy to student folder.

☐ APPROVED ☐ NOT APPROVED

....................................... Date:
Chair's Comments: