

## PETITION FOR SUBSTITUTION

Please submit to Laura Leonard (lauraleonard@ku.edu), Advising Officer  
for distribution to the Faculty Curriculum Committee.

Name: \_\_\_\_\_ KUID: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Degree:  BA Arch Studies  BS Int. Arch.  M. Arch.  MA Arch Studies  PhD. Arch

Expected graduation date: \_\_\_\_\_

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Faculty Curriculum Committee:

**I request the following substitution or revision to my degree plan:**  
(Be Specific. Additional documents may be sent with this form if necessary.)

**For the following reasons:**

**Action of Chair of Architecture:**

APPROVED  NOT APPROVED Chair Signature: \_\_\_\_\_

**Comments:**