



Office of the Registrar • OneStop Student Services, 253 University Hall • 828-350-4500

Petition for Substitution of a Course in an ILS Topical Cluster

Full Name _____ SID# _____

UNCA E-mail address _____ Advisor _____

Major _____ Expected Graduation Date _____

Cluster Title and Number _____

Substitution Information:

Course number, section and title _____

Course will fulfill which Topical Cluster requirement: ILSN ILSS Elective

Institution awarding initial credit _____

Instructor (if completed at UNCA) _____

Semester and year taken (if completed at UNCA) _____

*Note: If credit is from an institution other than UNCA, a complete syllabus must accompany this petition. Students with credit from foreign institutions may submit the WES course description. **This request will not be considered without the supporting documentation.***

Rationale for substitution: explain how the content of this course fits the topic of the Cluster in which you would like the course to be included.

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Cluster Coordinator Signature _____ Date _____

Topical Cluster Committee Chair _____ Decision _____ Date _____

Received in Registrar's Office by _____ Date _____

Date student notified of results (via e-mail) _____