



Course Substitution Request

NAME :	A#:
Major:	Email:
Course to be substituted:	Replacement Course:

You must have a current file with the Disability Services and Resources Office before requesting a course substitution based on a disability. Please attach all documentation that you feel will be pertinent to the decision making process.

Please explain the functional limitations related to this disability. This is not the specific diagnosis but how your disability limits you from being able to take the course. (Use back or additional pages if needed.)

our rationale for the substitution request. (Use back or additional pages if needed.)

List any previous attempts to complete this course.