



UNIVERSITY OF
ARKANSAS

Fulbright College
of Arts & Sciences

Course Substitution or Exception Form

This form is used to request substitutions or exceptions of College of Arts and Sciences programs only.

This form is **not** applicable to University/State Core Requirements, which require an [Academic Standards Petition](#).

Student Name: _____

Program Being Modified: _____

Student ID: _____

Email: _____

Substitution:

In Lieu of this program requirement: _____ Please Accept: _____

If submitting more than one substitution for the same student:

In Lieu of this program requirement: _____ Please Accept: _____

In Lieu of this program requirement: _____ Please Accept: _____

Exception Description (or explanation of Substitution or Exception):

Faculty Name: _____ Faculty Signature: _____ Date: _____

Please Submit Completed Form (including faculty signature) to ARSCcert@uark.edu