UNIVERSITY OF ARKANSAS | Fulbright College of Arts & Sciences

Course Substitution or Exception Form

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

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

Student Name:_____ 	Program Being Modified:_____

Student ID:_____ 	Email:_____

Substitution:

Accept this course: _____ For this Requirement:_____

If submitting more than one substitution for the same student:

Accept this course: _____ For this Requirement:_____

Accept this course: _____ For this Requirement:_____

Accept this course: _____ For this Requirement:_____

Accept this course: _____ For this Requirement:_____

Accept this course: _____ For this Requirement:_____

Accept this course: _____ For this Requirement:_____

Exception (or explanation of Substitution):

[ ]

Faculty Name: _____ Faculty Signature: _____ Date: _____

Please Submit Completed Form (including faculty signature) to ARSCcert@uark.edu.
Only faculty members who have been authorized by their department chair may sign this form.