



NOTRE DAME  
OF MARYLAND  
UNIVERSITY

# PETITION FOR COURSE SUBSTITUTION/CREDIT HOURS

Student ID # \_\_\_\_\_ Name \_\_\_\_\_

Major of Study: \_\_\_\_\_

Advisor \_\_\_\_\_ Expected graduation date \_\_\_\_\_

Home or forwarding address:

\_\_\_\_\_ Street/P.O. Box \_\_\_\_\_ County of Residence \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Preferred phone # \_\_\_\_\_ This is:  Home  Cell  Work

Please be specific and include all relevant information to support your request. Attach additional sheets as needed. Submit the form to the Registrar's Office after obtaining all required signatures. You will be sent a copy after it has been approved and processed.

**REQUIRED COURSE:** \_\_\_\_\_ **CREDIT HOURS:** \_\_\_\_\_

**SUBSTITUTION COURSE:** \_\_\_\_\_ **CREDIT HOURS:** \_\_\_\_\_

**Justification for Substitution and Credit hours (please explain):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student's Signature & Date**

\_\_\_\_\_  
Advisor's Signature/Date  Approved  Disapproved Comment: \_\_\_\_\_

\_\_\_\_\_  
Department Chair's Signature/Date  Approved  Disapproved Comment: \_\_\_\_\_

\_\_\_\_\_  
Associate VP for Academic Affairs Signature/Date  Approved  Disapproved Comment: \_\_\_\_\_

\_\_\_\_\_  
Registrar's Signature/Date  Approved  Disapproved Comment: \_\_\_\_\_

**PLEASE RETURN ALL COPIES OF THIS SIGNED FORM TO THE REGISTRAR'S OFFICE FOR FINAL APPROVAL**

Registrar's Office | 4701 North Charles Street | Baltimore, Maryland 21210 | T 410-532-5327 | F 410-532-5789 | www.ndm.edu