



Course Substitution Petition
College of Engineering
The University of Texas at El Paso



_____ Student Name _____ ID Number _____ Student Signature

	Subject and Course No.*	Course Title
Required Course Information		
Substitute Course Information		

Institution where substitute course was completed: _____

Grade received in substitute course: _____

Justification for Course Substitution:

Approvals:

Academic Advisor Advisor's Signature Date

Chair Chair's Signature Date

 Patricia A. Nava
 Associate Dean of Engineering Signature Date

*– Subject and Course Number, as they appear on UTEP transcript (e.g. ENGR 13TR)

--- for Office use ONLY ---

SHEET: _____ ENTRY #: _____ ENTERED BY: _____ DATE: _____
 PROCESSED BY: _____ DATE: _____