

**STUDENT PETITION FOR EXCEPTION / SUBSTITUTION**  
**Indiana State University**  
**College of Technology**

Student Name (First, M.I., Last)	ISU I.D. Number	Local or cell phone #	Date	Grade Level __ Fr __ Soph __ Jr __ Sr
Local Address (No., Street, Apt.)	City, State	Zip Code	Major	

**I request the following substitution / waiver:**

**Reason for request:**

**The information above must be completed prior to requesting the signatures below.**

<b>Student</b>	<b>Date</b>
<b>Academic Advisor</b>  ____ Approved    ____ Not Approved	<b>Date</b>
<b>Department Chair</b>  ____ Approved    ____ Not Approved	<b>Date</b>
<b>College of Technology Dean's Office</b>  ____ Approved    ____ Not Approved	<b>Date</b>
<b>If needed, Coordinator of General Education</b>  ____ Approved    ____ Not Approved	<b>Date</b>
<b>Comments</b>	