

The University of Michigan-Flint
Department of Psychology

Petition for Substitution of a Concentration Graduation Requirement

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: (HOME) _____ (OFFICE) _____

E-MAIL ADDRESS: _____ (SS#) _____

PROGRAM: (Please specify B.A., B.S., etc.) _____

CATALOG YEAR: _____ ADVISOR NAME: _____

I wish to have (Course # and Name): _____,

substituted for the graduation requirement: _____

Indicated on page _____ in the Catalog. My reason for this request is (attach pages if needed):

PLEASE ATTACH DOCUMENTATION (i.e., syllabus, textbook title & index, comments)

STUDENT SIGNATURE: _____ DATE: _____

The above was discussed with student:

ADVISOR SIGNATURE: _____ DATE: _____

Recommend Approval? Yes No (Circle One) Please comment on reverse if necessary.

DO NOT WRITE BELOW THIS LINE

Emailed to Psychology Faculty on _____ Discussed at Meeting? Yes No

APPROVED BY: _____ DATE: _____

Psychology Department Chair

Comments: _____
