PETITION FOR SUBSTITUTION OR WAIVER
Colorado State University
Department of Fish, Wildlife, and Conservation Biology

Student Name: ___________________________  Email Address: ___________________________
CSUID#: ___________________________  Date: ___________________________

NOTE: The Fish, Wildlife, and Conservation Biology Department makes determinations of transfer course equivalencies for courses that apply to Fish, Wildlife, and Conservation Biology Program Requirements ONLY. For other transfer course equivalencies (i.e. AUCC), contact the Transfer Evaluation Office, phone 491-7147, 203 Admin Annex.

THIS FORM IS USED FOR 1 OR MORE SUBSTITUTION/WAIVERS. Incomplete forms will not be processed. Submit petitions for substitution/waivers within the first 2 semesters of entering the major. Enter “required” course(s) info and “proposed” course info (the course used as a substitute). Use additional lines if more than 1 course is used as a substitute.

For waivers (rarely approved), enter “WAIVED” under proposed substitute. Waiving a required course DOES NOT lower the total credits required for graduation. Advisors CANNOT waive AUCC requirements.

For each substitution/waiver, provide an explanation for the request in the space below. Meet with your academic adviser to discuss approval of this substitution/waiver. Return the approved form to dept office.

<table>
<thead>
<tr>
<th>REQUIRED COURSE</th>
<th>PROPOSED SUBSTITUTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course #</td>
<td>Title</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EXPLANATION: ____________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Student Signature: ___________________________  Date: ___________________________

Academic Advisor Approval: ___________________________  Date: ___________________________

Other Academic Faculty (Fish and Aquatic Sciences) Approval: ___________________________  Date: ___________________________

Chair of Undergraduate Major Approval: ___________________________  Date: ___________________________

Rev. 2-1-10