## PETITION FOR SUBSTITUTION OR WAIVER

## Colorado State University Department of Fish, Wildlife, and Conservation Biology

Student Name:

Email Address:

CSUID#:			Date:		
for course:	s that apply to Fish, Wildlife, and C	onservati	on Biology <mark>f</mark>	determinations of transfer course equiverogram Requirements ONLY. For othetion Office, phone 491-7147, 203 Admin	er
petitions for	r substitution/waivers within the first 2	semeste	rs of entering	complete forms will not be processed of the major. Enter "required" course(s) if all lines if more than 1 course is used as	nfo and
	s (rarely approved), enter " <b>WAIVED</b> " edits required for graduation. Advisors			ute. Waiving a required course <b>DOES N</b> 0 C requirements.	OT lower
				st in the space below. Meet with your Return the approved form to dept offic	ce.
REQUIRED COURSE			PROPOSED SUBSTITUTE		
Course #	Title	Credits	Course #	Title	Credits
EXPLANATION:					
Student Signature:				Date:	
Academic Advisor Approval:				Date:	
Od - A	and For It (Fig. 14 of C.)				
Other Academic Faculty (Fish and Aquatic Sciences) Approval:				Date:	
Chair of Li-	dorgraduata Major				
Chair of Undergraduate Major				Doto:	