



NOTRE DAME
OF MARYLAND
UNIVERSITY



PETITION FOR COURSE SUBSTITUTION/CREDIT HOURS

Student ID # _____ Name _____

Major of Study: _____

Advisor _____ Expected graduation date _____

Home or forwarding address:

Street/P.O. Box	County of Residence
City	State
	Zip Code

Preferred phone # _____ This is: Home Cell Work

Please be specific and include all relevant information to support your request. Attach additional sheets as needed. Submit the form to the Registrar's Office after obtaining all required signatures. You will be sent a copy after it has been approved and processed.

REQUIRED COURSE: _____ **CREDIT HOURS:** _____

SUBSTITUTION COURSE: _____ **CREDIT HOURS:** _____

Justification for Substitution and Credit hours (please explain):

Student's Signature & Date

Advisor's Signature/Date Approved Disapproved Comment: _____

Department Chair's Signature/Date Approved Disapproved Comment: _____

Associate VP for Academic Affairs Signature/Date Approved Disapproved Comment: _____

Registrar's Signature/Date Approved Disapproved Comment: _____

PLEASE RETURN ALL COPIES OF THIS SIGNED FORM TO THE REGISTRAR'S OFFICE FOR FINAL APPROVAL

Registrar's Office | 4701 North Charles Street | Baltimore, Maryland 21210 | T 410-532-5327 | F 410-532-5789 | www.ndm.edu