

# Course Substitution Request Form

If you are requesting a course substitution for disability-related reasons, please fill out this form completely and submit it to the DSS Office.



## STUDENT INFORMATION

Name:  Student ID:   
DigiPen Email:  Phone Number:   
Local Address:

## STUDENT'S DEGREE INFORMATION

Major:  Minor:   
Advisor:

I am requesting a substitution for the following course/requirement:

I am requesting that the following course(s) serve as the substitution:

Have you submitted documentation of disability to Disability Services?      Yes                      No

Please describe why you are requesting the substitution in the separate sheets of paper and attach them to this form. Provide a rationale for the substitution request, relevant disability-related information, and your history of previous attempts to complete the course and/or related coursework.

## OFFICE USE ONLY

Date Received:                       Received By:

Approved                      Denied

If denied, explanation: