



1895

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

Department Chair's Signature Date

Dean of School Date
Gen Ed requirements must be approved by SASB

Registrar's Signature Date

☐ Approved ☐ Disapproved Comment: _____

☐ Approved ☐ Disapproved Comment: _____

☐ 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