Exceptions to the APAS
(College of Liberal Arts)

CLA major or minor substitutions, catalog year changes, waivers, etc., must be submitted on this form. LIBERAL EDUCATION REQUESTS MUST BE COMPLETED ON A UMD PETITION.

Name ___________________________ Date _________________________
ID # __________________________ Phone: _________________________ Email: ________________________@umn.edu

Course Substitution(s)

IMPORTANT: List course(s) exactly as they appear on your transcript or transfer evaluation report. Requests for substitutions to the Liberal Education Program must be submitted on an official UMD Petition, this form cannot be used.

1. Substitute (course #, title, transfer institution if applicable) __________________________________________

List the course as it appears on the U of M transcript.

for (UMD required course; specify exact course or elective area, not 3xxx elective) __________________________________________

in my __________________________ major OR __________________________ minor.

Catalog year you are following: 2008  2009  2010  Other: __________

Reason _________________________________________________________________________________________________

Dept. Head Signature: ___________________________ Date _________________________

2. Substitute (course #, title, transfer institution if applicable) __________________________________________

List the course as it appears on the U of M transcript.

for (UMD required course; specify exact course or elective area, not 3xxx elective) __________________________________________

in my __________________________ major OR __________________________ minor.

Catalog year you are following: 2008  2009  2010  Other: __________

Reason _________________________________________________________________________________________________

Dept. Head Signature: ___________________________ Date _________________________

Requirement Waiver

Requirement/Course waived: ___________________________ Credit(s) __________

Reason _________________________________________________________________________________________________

Dept. Head __________________________________________

Return to: CLA Student Affairs & Advising Center
310 Kirby Plaza

Office Use Only

Received: __________________________
Processed: ____________________ By: __________________
Emailed: __________________________