

CaSB/BIOINFORMATICS DEPARTMENTAL SCHOLARS MS COURSE SUBSTITUTION PETITION

Name: _____ UID: _____ Date: _____

Email: _____ Field: _____ Subfield: _____ Degree Expected Term: _____

My request is (one per form): _____

The reason(s) for my request is (are):

Note: Please focus on what you will gain from taking the substitute course, not only why you are unable to take the approved course.

The attached items (e.g., syllabus, course description) are in support of my request:

_____ I understand that submission of my request for consideration by the Chair of the Bioinformatics IDP does NOT guarantee approval.
Initial Here Petition decisions are typically made by the faculty within 10 business days,

Date: _____ Student Signature: _____

Faculty Mentor Recommendation: _____ Approve _____ Deny Faculty Mentor Name: _____

Date: _____ Faculty Mentor Signature: _____

Bioinformatics Chair Decision: _____ Approve _____ Deny

Date: _____ Bioinfo Chair Signature: _____