



GALLOGLY COLLEGE OF ENGINEERING
**STEPHENSON SCHOOL
OF BIOMEDICAL ENGINEERING**
The UNIVERSITY of OKLAHOMA

Biomedical Engineering Course Substitution Form

Please turn in form to the Student Programs Coordinator in SBME Office

Name of Petitioner: _____ OU ID#: _____ Date: _____

Daytime Phone: _____ OU E-mail: _____

Classification (circle one): Fr. Soph. Jr. Sr. Anticipated Date of Graduation: _____

Cumulative GPA: _____

I request for the following requirements listed below to be waived and that I be allowed to substitute an equivalent number of credit hours.

To be waived:		To be substituted:				
Course	Cr. Hours	Course	Cr. Hrs.	Grade	Institute	When taken
Total Hrs.		Total Hrs.				

Have you attempted the waived course previously?

What course do you plan to enroll in?

Reason for waiver:

Signature of Petitioner: _____

Date: _____

Decision Of:

Undergraduate Studies Chair: Rebecca Scott, Ph.D.

Approve / Deny (circle one)

Signature: _____ **Date:** _____

Director: Michael Detamore, Ph.D.

Approve / Deny (circle one)

Signature: _____ **Date:** _____