



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:** _____

Notes: _____
