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.

<table>
<thead>
<tr>
<th>To be waived:</th>
<th>To be substituted:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course</td>
<td>Cr. Hours</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Hrs.</td>
<td>Total Hrs.</td>
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</table>

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:_________________________________________________________________________________________
_____________________________________________________________________________________________
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Drafted July 2018