

DOANE COLLEGE

DOANE PLAN COMMITTEE Course Substitution Request Form

Student's name _____ Date _____

Student's ID# _____ Student's Mailbox # _____

Class level at Doane: FR SO JR SR (circle one)

Catalog year followed for student's Doane Plan _____

Advisor's name _____

Description of proposed substitution _____

In addition to the above information, the student must attach a letter, signed by the student, his/her faculty advisor, and any other appropriate members of the faculty who would be knowledgeable concerning the request. The letter must include a:

- statement of the proposed substitution
- detailed background for the request explaining why the substitution is needed
- detailed rationale explaining how this substitution is the best available alternative providing the student a comparable experience

The student must attach this form to his/her letter of request and submit it to the Faculty Office on or before the first of each month.

Requests will be addressed at the next regularly scheduled meeting of the committee.

rev. 9/08