Mechanical Engineering
Course Substitution Form

Date: ______.

Student Name ___________________________ Student Number ______.

AESP or EMCH course number(s) and title(s) being petitioned:

________________________________________

Semester the course was completed: ________________________.

Course that it will be substituted for:

________________________________________

Reason for substitution:


Student Signature: ________________________________________.

Return this form to Renee Jenkins in the Mechanical Engineering
Department jenkinsr@cec.sc.edu or 300 Main, A229

Official Use Only

Undergraduate Program Director Signature: ________________.

Department Chair Signature: _______________________________.