

**UNIVERSITY OF ARKANSAS**  
**College of Education and Health Professions**  
**Petition to Request Program Modification**

Name \_\_\_\_\_ University ID \_\_\_\_\_  
Street Address \_\_\_\_\_ Date \_\_\_\_\_  
City/state/zip \_\_\_\_\_ Major/Option \_\_\_\_\_  
E-mail \_\_\_\_\_ Phone \_\_\_\_\_

**Request:** (limit **ONE** request per petition form)

**Please substitute a transfer course for a University of Arkansas course required in my degree program**

1. Transfer course information: \_\_\_\_\_  
course # and name (example: HPE 2103, Intro. to Health)
2. Transfer course credit hours: \_\_\_\_\_
3. UA course designation: \_\_\_\_\_ (example: HLSC 299T)
4. Term and year course was taken: \_\_\_\_\_
5. UA course this should replace: \_\_\_\_\_  
course # and name (example: HLSC 1002 Wellness Concepts)

**Please substitute a different University of Arkansas course for a course required in my degree program**

1. UA course information: \_\_\_\_\_  
course # and name (example: HLSC 1103, Personal Health & Safety)
2. Course credit hours: \_\_\_\_\_
3. Term and year course was taken: \_\_\_\_\_
4. UA course this should replace: \_\_\_\_\_  
course # and name (example: HLSC 1002 Wellness Concepts)

**Other Request:** (Please be specific and include all course numbers, titles, terms, years, and credit hours.)

**Reason(s):**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Statement of Advisor Required:**

\_\_\_\_\_  
Faculty Advisor's Signature

\_\_\_\_\_  
Date

**Action:**

Approved \_\_\_\_\_

Denied Department Head's Signature \_\_\_\_\_  
Date

Approved \_\_\_\_\_

Denied Associate Dean's Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DARS Exception Processed:

**FOR OFFICE USE ONLY**

\_\_\_\_\_  
Processed by Date