

Lab Course Substitution Request

Return signed form, lab course syllabus, and justification statement to your adviser in 121 Gilman.

Name _____ SID _____

Major _____ Email _____

Lab course to be substituted _____

Research project title: _____

Required Signatures

Student: By signing you confirm that the attached justification statement accurately represents the work you have done and fulfills the conditions of your substitution.

Name (print) _____ Date _____

Signature _____

Research Lab PI: By signing you confirm that the student has completed or is completing the project described in their justification statement.

Name (print) _____ Dept. _____

Signature _____ Date _____ Email _____

Lab Course Instructor: By signing you confirm that the student's research has sufficient overlap with the course to be substituted.

Name (print) _____ Dept. _____

Signature _____ Date _____ Email _____

Approved

Denied

_____ Date _____
CoC Undergraduate Dean Signature