IREP Course Substitution Petition Form

Name: ____________________________________________________________________ BU Student I.D.: ________

Contact Information: ___________________________________________________________________________

(Email address) (Phone number)

Purpose of Petition:
☐ To substitute CEES core course
☐ To substitute CEES elective course

Course you are petitioning: ____________________________________________________________________

Instructor: ___________________ Credit hours: ___ Semester taken: ___________

School: ______________________ Department: _____________________________________

Briefly explain why this may be an appropriate course for the category you are petitioning for. Attach a syllabus and any other appropriate documentation:

Student signature: ______________________________________________________ Date: ________________

FOR OFFICIAL USE ONLY

Approval: ______________________________________________________ Date: ________________

Director of Graduate Studies for CEES

Comments: 