



Student Request (SR)

Last Name Sample

First Name Susie

Student J# J00123456

Cell Phone # 601.123.4567

Student Type

Undergraduate ☒ Graduate ☐ Other ☐

Catalog Year 2020

Current Major(s) Industrial Technology

Concentration Computer Technology

Current Minor(s) _____

Certificate(s) _____

Are you requesting to enroll in a graduate course? ☐ Yes (limit of 6 credits) ☒ No

REQUEST - Provide a brief statement defining WHAT is being requested: (For course substitutions, list course(s) to substitute. In-progress (IP) courses cannot be processed until the end of the term.)

To use ITE 438 in place of ITE 465 requirement.

Provide all course information in the spaces provided below. Use multiple student request forms for substitutions of multiple courses. Incomplete forms will not be processed and will be returned to your department for review/updates.

ITE 438	Programmable Logic Controller	4	Dr. Tuluri
Course Number	Course Title	# Credits	Instructor
Term when course was or will be taken: Year <u>2023</u>	Fall <input type="radio"/> Fall Inter. <input type="radio"/>	Spring <input checked="" type="radio"/>	Spring Inter. <input type="radio"/> Summer <input type="radio"/>

ITE 465	Microprocessor and Application	3	NA
Course Number	Course Title	# Credits	Instructor
Term when course was or will be taken: Year _____	Fall <input type="radio"/> Fall Inter. <input type="radio"/>	Spring <input type="radio"/>	Spring Inter. <input type="radio"/> Summer <input type="radio"/>

RATIONALE- Provide supporting statement explaining WHY request is necessary: (Attach additional sheets as needed.)

ITE 465 was not offered when I needed the course. The course is needed to meet graduation requirements.

Student Signature Susie Sample

Date 5/10/2023

Please work with your academic advisor and/or department to complete this form. Use your JSU email account for all electronic submissions.

Attention – For authentication purposes, student must obtain signatures listed below.

Academic Advisor Signature _____

Print Name _____

Date _____

Department Chair Signature _____

Print Name _____

Date _____

Processed by: _____

Date _____

5/10/2023