Rosen College of Hospitality Management
PETITION FOR COURSE SUBSTITUTION

General Instructions

1. It is the student’s responsibility to provide documentation of a comparable course taken for credit at another institution if he/she is seeking a waiver of academic requirements. Please attach all relevant documentation to this form (a course syllabus is recommended).

2. Submit the completed form, along with documentation to the Rosen College of Hospitality Management, Office of Student Services in Suite 201. Petitions generally take 3 to 4 weeks for review. Once a decision has been reached, a copy of the petition will be mailed to the address indicated below.

3. The university requires all students to complete 48 hours of upper-level course work. Accepted lower level course work will not meet the university’s upper-level course requirement. It is the student’s responsibility to fulfill this university requirement.

Student Information

Name: ______________________________________  PID: _______________________________
Major: ______________________________________            Catalog Year: ________________________
Address: _____________________________________            Apartment #   ________________________

PETITION REQUEST

Substitution of: ________________________________ for  (UCF Course) _________________________
Institution: _____________________________________________________________________
Text/Author: ____________________________________________________________________
Grade Received: ________________________ Term Taken: _____________________________

Supporting Comments (attach course descriptions, syllabus and other appropriate information):
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

I am aware that approval of this petition could result in the need for additional credit hours to satisfy the Rosen College of Hospitality Management and/or the University’s graduation requirements.

Student Signature: ______________________________________        Date: _______________________

Office Use Only

☐ Petition is Supported                     Comments: ______________________________
☐ Petition is NOT Supported

Department Chair or Associate Dean/Date

*Input Date/Initial:
DISTRIBUTION: White – Academic Services
Canary – Student Services