



GALLOGLY COLLEGE OF ENGINEERING  
**STEPHENSON SCHOOL  
OF BIOMEDICAL ENGINEERING**  
*The UNIVERSITY of OKLAHOMA*

**Biomedical Engineering Course Substitution Form**

Please turn in form to the Student Programs Coordinator in SBME Office

Name of Petitioner: \_\_\_\_\_ OU ID#: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ OU E-mail: \_\_\_\_\_

Classification (circle one): Fr. Soph. Jr. Sr. Anticipated Date of Graduation: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_

**I request for the following requirements listed below to be waived and that I be allowed to substitute an equivalent number of credit hours.**

To be waived:		To be substituted:				
Course	Cr. Hours	Course	Cr. Hrs.	Grade	Institute	When taken
Total Hrs.		Total Hrs.				

Have you attempted the waived course previously?

What course do you plan to enroll in?

Reason for waiver:

Signature of Petitioner: \_\_\_\_\_

Date: \_\_\_\_\_

**Decision Of:**

**Undergraduate Studies Chair:** Rachel Childers, Ph.D.

Approve / Deny (circle one)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Director:** Michael Detamore, Ph.D.

Approve / Deny (circle one)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_