

DEPARTMENT OF CITY AND REGIONAL PLANNING: PETITION TO SUBSTITUTE MCP CORE/CONCENTRATION REQUIREMENT

DIRECTIONS: Complete this form ELECTRONICALLY with your DCRP faculty advisor's DIGITAL signature indicating that they have been consulted and have pre-approved the substitution. Please send the form to one of the Graduate Advisors: [Clay](#) or [Kathleen](#). After your petition is received, Clay/Kathleen will send your petition to the MCP Program Chair for a final decision. Please keep a copy of your petition for your records and note that the original petition will be placed in your electronic student file.

STUDENT NAME: _____ SID: _____

PROGRAM: _____ CONCENTRATION(S): EPHC HCED TRANSPORTATION URBAN DESIGN

PLEASE INDICATE THE REQUIREMENT TO BE SUBSTITUTED BELOW:

- | | |
|--|---|
| <input type="radio"/> CORE: HISTORY AND THEORY | <input type="radio"/> CONCENTRATION: EPHC |
| <input type="radio"/> CORE: SKILLS AND METHODS | <input type="radio"/> CONCENTRATION: HCED |
| <input type="radio"/> CORE: PLANNING LAW | <input type="radio"/> CONCENTRATION: TRANSPORTATION |
| <input type="radio"/> CORE: URBAN ECONOMICS | <input type="radio"/> CONCENTRATION: URBAN DESIGN |
| <input type="radio"/> CORE: STUDIO | |
| <input type="radio"/> CORE: CAPSTONE WORKSHOP | |

SUBSTITUTE COURSE TAKEN OR TO BE TAKEN IN PLACE OF REQUIREMENT:

JUSTIFICATION FOR SUBSTITUTION REQUEST:

*Provide a **DETAILED STATEMENT** for the substitution using the space below. You may also attach a second page.*

*Check this box to **CONFIRM** that you have attached a **COURSE SYLLABUS** with your substitution request.*

SIGNATURES REQUIRED:

FACULTY ADVISOR NAME: _____ SIGNATURE: _____ DATE: _____

MCP PROGRAM CHAIR: APPROVED _____ DENIED _____ DATE: _____

REASONS FOR DENIAL: