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| **AGRICULTURAL SYSTEMS TECHNOLOGY** AND **INDUSTRIAL TECHNOLOGY****DEPARTMENT OF AGRICULTURAL AND BIOSYSTEMS ENGINEERING****IOWA STATE UNIVERSITY****Undergraduate Course Petition Form** |
| Requirements (course work) for Agricultural Systems Technology (AST) and Industrial Technology (ITec) degrees are given in the ISU Catalog (“catalog requirement”). A student may find the need to petition for a substitution for one of these degree requirements. Substitutions must be approved by the ABE Technology Curriculum Committee (TCC). A petition is an individual request and is not precedent setting for other students. |
| **Instructions:*** Combine all documents (this form, justification, syllabi, attachments, etc.) into a single pdf file.
* Submit the single pdf file electronically to your academic adviser who will take it to the TCC.
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| **STEP 1** (To be completed by student) |
| **Student Full Name** |       |
| **Date submitted:**  | *Click here to enter a date.* |
| **Academic Advisor** | *Click here to select your advisor* |
| **Major/Curriculum** | *Click here to select Major/Curriculum* |
| **Classification** | *Click here to select Classification* |
| **Catalog Year** | *Click here to select Catalog Year* |
| **Expected Graduation** | *Click here to select Semester* *Click here to select Year* |
| **Catalog Requirement**  | Course Department and Number:       |
| Course Title:       |
| Course Credits: *Click here to select Credits* |
| Type of Course: *Click here to select Type of Course* |
| Course Status: *Click here to select Course Status* |
| Course Description:       |
| **Petition Abstract***Describe your request and expected outcome of your petition using 50 words or less.* |       |
| **Justification*** Prepare your justification for granting this petition using one page or less.
* Include this justification as the second page of the pdf file you are submitting.
* In case of a class substitution, provide a detailed list of course or learning outcomes from both classes (from the syllabi) and map the outcomes of the requested substitution to the original class.
* List the names of any attached files that are supporting this petition. Those files could be the syllabi for the courses, emails or any other documents that support the justification.
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| **STEP 2** (To be completed by the Department) |
| Signature of Academic Adviser: |
| Date received by ABE TCC:  | Date reviewed by ABE TCC: |
| Signature of ABE TCC Chair: |
| Outcome of Review: Granted [ ]  Denied [ ]  |
| Comments: |