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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. | | |
| **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. | | |
| **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: | | |