General Education Requirement Individual Substitution Form

Student’s Name ___________________________________________________________________________________________

Last   First   Middle

Student ID ____________________________  Major ___________________________________________________________________________________________

Reason for requested substitution of general education course (Refer to OSU Policy 2-0212 – Approval of General
Education Classes):
___________________________________________________________________________________________________________

☐ Individual course (typically transfer course) does not carry a general education designation. Submit a course description or
syllabus along with a brief explanation of how the course fulfills the criteria and goals for the general education designation.

Substitution                                       For                                    General Education Designation

 Prefix   Number   Title

A   D   H   I   L   N   S
(circle requested designation(s))

Brief explanation of how the course fulfills the criteria and goals for the general education designation(s):
________________________________________________________________________________________________

☐ Extensive international experience (e.g., overseas military service, legal residence in another country, etc.) may be used to
waive the Contemporary International Culture "I" course requirement. However, the waived course will not count toward the
minimum 40 hours of general education courses required by the Oklahoma State Regents for Higher Education.

Brief description of extensive international experience:
________________________________________________________________________________________________

☐ Other, please explain:
________________________________________________________________________________________________

Petitions for substitution require approval by the student's academic adviser, dean and the Vice President for Academic
Affairs.

Recommended: __________________________________________________  _______________________________

Please Print Adviser Name                                    Campus Address

Adviser Signature                                           Date

Dean or Dean’s Designee                                      Date

Assoc. Vice President for Undergraduate Education             Date

Send Copies of Form to:
______________________________________________________________________________