



## Alternate Support Course Petition

To: Director of the Life of the Mind Honors Program

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

From (student's name):

The student will meet with the Faculty Facilitator, and will complete the rationale statement below and obtain signatures of approval.

Course #: \_\_\_\_\_

Alternate Support Course: \_\_\_\_\_

Rationale for Substitution:

Student Signature: \_\_\_\_\_

Honors Director Signature: \_\_\_\_\_

Faculty Facilitator Signature: \_\_\_\_\_

Provost: \_\_\_\_\_