



THE INDIANA ACADEMY
FOR SCIENCE, MATHEMATICS, AND HUMANITIES

PETITION FOR CORE COURSE SUBSTITUTION

Please cut and paste a copy of the course description to this form !!!! Thanks!

Student Name: _____

Date _____

Home Address: _____

Student's Academic Advisor's Name (if known at time of completion):

City, State, & Zip _____

E-mail address: _____

Required Academy Course/Credit: _____

Year/Semester Required or Taken: _____

Substitute Course/Credit: _____

Offering Institution: _____

Address: _____

City, State, and Zip _____

Phone: (____) _____

Is this an online course? Circle: YES NO

Year/Semester Enrolled: _____

Instructor (if known): _____

REASON FOR SUBSTITUTION:

_____ Replacing Failed Credit

_____ Earn a Missing Credit

_____ Get ahead on Credits

_____ Academy Instructor Recommendation *

Instructor: _____

If substitute course is taken outside of the Academy, the student is fully responsible in all cases to request that an official transcript from the educational institution at/through which the course was taken list the class name, course number, grade, and credits earned

This should be sent to:

**Mr. Michael D. McClure
Assistant Director of Academic Guidance
The Indiana Academy
Ball State University
Wagoner Halls – Room 160 B
Muncie, IN 47306
Ph. 765-285-8108
FAX: 765-285-4132**

Signatures/Approvals

Student _____

Academy Dept. or Division Chairperson: _____

Asst. Director of Academic Guidance : _____

Copies to Student Parents Academic Advisor Guidance Office File