**SECTION A: TO BE COMPLETED BY THE PROGRAM CHAIR, HEAD, OR DIRECTOR**

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| --- | --- |
| **Student ID #:** |  |
| **Student Name:** |  |
| **Program:** |  |
| **Required Course:**(# and Title) |  |
| **Substitute Course:**(# and Title) |  |

**Reasons for Course Equivalency Substitution**

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| --- |
| *The Senate policy states that course substitutions may be granted in exceptional circumstances. Note that when the original course requirement is available, course equivalencies**are not to be granted.* |

*Check one or more of the following:*

[ ]  the required course is no longer offered

[ ]  the required course is not available to the student within the following three semesters

[ ]  the required course is not available to the student within a given semester and not permitting the course substitution would prevent the student’s normal progression to graduation

[ ]  the required course is not available within a time period that includes the graduating semester

[ ]  Other - Specify:

**Where the required course and the substitute course are offered by different departments, please confirm the following:**

[ ]  I have consulted with the appropriate department regarding the proposed course equivalency substitution.

**Signature**

 DATE:

*Program Chair/Head/Director Name (typed or signed) – Please ensure it is legible*

*All communications (including signatures, notices, memos, invitations, decisions, etc.)* ***may be electronic; sent via the user’s UWindsor email****. (Bylaw 31, 1.3)*

**SECTION B: TO BE COMPLETED BY THE ASSOCIATE DEAN OR DEAN**

*Check ONE of the following:*

|  |  |
| --- | --- |
| [ ]  All of the equivalency criteria have been met. The course substitution request is approved. | **Associate Dean or Dean’s Comments** |
|  |
| [ ]  The equivalency criteria have not all been met. The course substitution request is denied. |

**Signature**

 DATE:

*Associate Dean/Dean (typed or signed) – Please ensure it is legible*

*All communications (including signatures, notices, memos, invitations, decisions, etc.)* ***may be electronic; sent via the user’s UWindsor email****. (Bylaw 31, 1.3)*

***The Associate Dean or Dean submits the completed form to the Office of the Registrar,***

***with a copy to the Program Chair, Head or Director who submitted the request.***

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| **RELEVANT SENATE POLICIES****COURSE EQUIVALENCY** *(criteria and rules governing course equivalency approvals. These are excerpted in this form)***REPETITION OF COURSES** *(number of times a course can be repeated and when a course substitution can be granted)***SENIOR-LEVEL COURSE REQUIREMENTS** *(No more than fourteen 100-level courses can count towards a degree)***RESIDENCY REQUIREMENTS** *(number of courses that must be completed at the University for the attainment of degree or certificate)*To view the policies, go to <http://www.uwindsor.ca/secretariat/48/senate-policies>***Note:*** *The Office of the Registrar will inform the Faculty of any perceived contravention of Senate regulations.* |