**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**

|  |
| --- |
| *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.* |