HOSPITALITY AND TOURISM MANAGEMENT
SUBSTITUTION/WAIVER PETITION

Name_____SPIRE ID._____Graduation Class_____

_____Waive (exempt or omit a required course)

_____Substitute

Course Number   Course Title   Institution   HTM Equivalent Course No.

My reasons for this petition are as follows (if more space is needed, use back of sheet):

1.

2.

3.

4.

Student must first send to HTM Department Chair for comments and signature (Dr. Melissa Baker mbaker@isenberg.umass.edu)

Department Chair Comments:

Student must then file form with Isenberg Academic Advising

Student's Email _____@umass.edu Student's Phone Number_____

Student's Signature_____Date_____

Department Chair Signature _____Approve_____Disapprove_____ Date_____

Academic Advisor Signature _____ Date_____