



Student Petition to Substitute for a Course 9 Requirement

Use this petition if you are an undergraduate wishing to make a substitution to fulfill a program requirement for Course 9 in the Department of Brain and Cognitive Sciences.

Instructions: Please complete the information below. Return the signed form by email to course9-petitions@mit.edu (preferred), or to the BCS Academic Office, 46-2005N.

Your name: _____ MIT ID#: _____

MIT email: _____ Major(s): _____ Year: _____

MIT subject number you are requesting to use as a substitute for a Course 9 requirement:

Course 9 subject number or requirement you are requesting substitution for:

Please provide a rationale for the substitution below or attach it to this form.

[Large empty box for providing a rationale for the substitution]

Student's signature
(Typing in your name and date is the equivalent of signing.)

Date

DEPARTMENTAL APPROVAL

Prof. Michale Fee, Associate Department Head for Education

Date