

HARVARD UNIVERSITY DEPARTMENT OF AFRICAN AND AFRICAN  
AMERICAN STUDIES  
**PETITION FOR COURSE SUBSTITUTION FOR A CONCENTRATION  
REQUIREMENT**

Student's Name: \_\_\_\_\_ Degree Year: \_\_\_\_\_

Concentration: \_\_\_\_\_  
(Primary Concentration) (If Joint, Secondary Concentration)

Secondary Field (if applicable): \_\_\_\_\_

Track: African Studies: \_\_\_\_\_ African American Studies: \_\_\_\_\_

Petition Request:

\_\_\_\_\_  
\_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach the syllabus of the course you are petitioning to substitute. Make an argument for your petition in the space below (attach additional sheets as needed). After obtaining the signature of the Director of Undergraduate Studies, please return this form to the Graduate and Undergraduate Program Officer.

**No petitions will be accepted without the comments and signature of the Director of Undergraduate Studies**

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Petition Approved: \_\_\_\_\_ Petition Denied: \_\_\_\_\_

Director of Undergraduate Studies's Comments:

Director of Undergraduate Studies's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

