PETITION: SUBSTITUTION FOR U.S. CULTURAL PLURALISM REQUIREMENT

Name: ____________________________________________ Student Empl ID: ____________________________

Phone: ____________________________________________ Major: ____________________________

Expected Degree Completion Term: ____________________________ Cal Poly Email Address: ____________________________

Catalog Year: ____________________________

I REQUEST APPROVAL TO SUBSTITUTE:

Note: Substitute course must meet USCP criteria.

Course Prefix and Number: ____________________________ Title: ____________________________ UNITS: ______

Taken at: ______ To be taken at: ______ College/University: ____________________________

(If the replacement course is NOT a Cal Poly course, you must attach a course description or outline.
In most cases, courses taken at Cal Poly that have not been approved for USCP credit will NOT be allowed to count for USCP.)

To meet Cal Poly’s United States Cultural Pluralism (USCP) requirement, courses must focus on all of the following:

• One or more diverse groups (defined as specifically inclusive of, but not limited to, an individual’s race/ethnicity, sex/gender, socioeconomic status, cultural heritage, disability, and sexual orientation), whose contributions to contemporary American society have been impeded by cultural conflict or restricted opportunities, as stated in the Diversity Learning Objectives

• Contemporary social issues resulting from cultural conflict or restricted opportunities, including, but not limited to, problems associated with discrimination based on age, ethnicity, gender, nationality, abilities, religion, sexual orientation, socioeconomic status, or race

• Critical thinking skills used by students to approach these contemporary social issues in a sensitive, responsible manner; examine their own attitudes; and consider the diverse perspectives of others

• The contributions of people from diverse groups to contemporary American society

Please explain how the course meets the UCSP requirement: ____________________________________________

__________________________________________

Reason for substitution: ____________________________

I acknowledge that approval may not alter prerequisites for future courses in my major nor change the number of units required for my graduation or residence.

1. STUDENT’S SIGNATURE ____________________________ DATE: ____________________________

2. STUDENT’S ACADEMIC ADVISOR ____________________________

3. RETURN COMPLETED PETITIONS TO: OFFICE OF THE REGISTRAR (01-222)

I DO ______ DO NOT ______ APPROVE ____________________________ Date ____________

OFFICE OF THE REGISTRAR

Comments: ____________________________

Copies: Office of the Registrar (Original), Student