

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