

Request for Course Substitution

Name of Student:				Student ID Number:	
Graduation Term:	Fall	Spring	Summer	Graduation Year:	
Has approval to substitute	the following course	(s) in meeting	the requirements for	r:	
Certificate of Completic	on Program (M	ajor):			_
Certificate Program	Program (M	ajor):			
Diploma					
Associate in Applied Sci	ence Program				
Program (Major):			Subplan: _		
Associate of Arts	Subplan:				
Associate of Science	Subplan:				
Dogwinad Course #1.					
Required Course #1: Pref	ix Course #	Title		Credits	
Program Re	=				
General Edu Substitute Course:	ication				
Prefix	Course #	Title		Credits	
Justification for Substitution	n:				
Described Courses #2:					
Required Course #2: Prefi	x Course #	Title		Credits	
Program Re					
General Edu Substitute Course:	ication				
Prefix	Course #	Title		Credits	
Justification for Substitution	ո:				
Advisor (Cianatura)				Data	
Advisor (Signature)				Date	
Registrar (Signature)				Date	
Associate D. C. C. I		A (C-1 /C)	-1		
Associate Dean for Academic and Students Affairs (Signature)				Date	