## Request for Course Substitution

| Name of Student: |
| :--- |
| Graduation Term: | $\square$ Student ID Number:

Graduation Year:
Has approval to substitute the following course(s) in meeting the requirements for:
$\square$ Certificate of CompletionCertificate ProgramDiplomaAssociate in Applied Science Program
Program (Major): $\qquad$ Subplan: $\qquad$Associate of ArtsAssociate of Science
Program (Major): $\qquad$
Program (Major): $\qquad$
Program (Major): $\qquad$



Advisor (Signature)
Date

Registrar (Signature)
Date

