|  |  |  |  |
| --- | --- | --- | --- |
| Name of Student: |       | Student ID Number: |       |
| Graduation Term: | [ ] Fall [ ] Spring [ ] Summer | Graduation Year: |      |

 

Request for Course Substitution

Has approval to substitute the following course(s) in meeting the requirements for:

[ ]  Certificate of Completion Program (Major):

[ ]  Certificate Program Program (Major):

[ ]  Diploma Program (Major):

[ ]  Associate in Applied Science Program

Program (Major):      Subplan:

[ ] Associate of Arts Subplan:

[ ] Associate of Science Subplan:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| --- | --- | --- | --- |
|       Prefix |       Course # |       Title  |    Credits  |

Required Course #1: [ ]  Program Requirement [ ]  General EducationSubstitute Course:

|  |  |  |  |
| --- | --- | --- | --- |
|       Prefix |       Course # |       Title  |    Credits  |

Justification for Substitution: |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |
| --- | --- | --- | --- |
|       Prefix |       Course # |       Title  |    Credits  |

Required Course #2: [ ]  Program Requirement [ ]  General EducationSubstitute Course:

|  |  |  |  |
| --- | --- | --- | --- |
|       Prefix |       Course # |       Title  |    Credits  |

Justification for Substitution: |

Advisor (Signature) Date

Registrar (Signature) Date

Associate Dean for Academic and Students Affairs (Signature) Date

**Make one copy for student services offices. Return original to advisor**