



# Request for Course Substitution

Name of Student:				Student ID Number:	
Graduation Term:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	Graduation Year:	

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: \_\_\_\_\_

Required Course #1: \_\_\_\_\_

Prefix	Course #	Title	Credits
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Program Requirement  
 General Education

Substitute Course: \_\_\_\_\_

Prefix	Course #	Title	Credits
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Justification for Substitution:

Required Course #2: \_\_\_\_\_

Prefix	Course #	Title	Credits
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Program Requirement  
 General Education

Substitute Course: \_\_\_\_\_

Prefix	Course #	Title	Credits
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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**