



# Course Substitution Request

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_  
**Student ID** \_\_\_\_\_ **Program** \_\_\_\_\_  
**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Courses requesting to be substituted, courses must have a grade of "C" or better to qualify**

Original Course Req.	_____	New Course	_____
Original Course Req.	_____	New Course	_____
Original Course Req.	_____	New Course	_____
Original Course Req.	_____	New Course	_____
Original Course Req.	_____	New Course	_____
Original Course Req.	_____	New Course	_____

I have read and I understand the course substitution process and policies as explained in the Guam Community College Academic Catalog.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Advisor/Counselor**

Approve     Disapprove

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Department Chairperson**

Approve     Disapprove

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dean**

Approve     Disapprove

Signature: \_\_\_\_\_ Date: \_\_\_\_\_