



# COURSE SUBSTITUTION REQUEST

Received by: \_\_\_\_\_ on \_\_\_\_\_

STUDENT ID NUMBER

i.e. SSN/ Driver's License

LEGAL NAME: \_\_\_\_\_  
LAST FIRST MI

MAILING ADDRESS: \_\_\_\_\_  
P.O BOX **OR** HOME MAILING ADDRESS

\_\_\_\_\_  
VILLAGE/CITY TERRITORY/STATE ZIP CODE

DECLARED PROGRAM OF STUDY: \_\_\_\_\_

DOB: \_\_\_\_\_

GENDER:  MALE  FEMALE

CONTACT NO: \_\_\_\_\_  
HOME OTHER

Program of Study: \_\_\_\_\_

\_\_\_\_ Associate of Arts  
 \_\_\_\_ Associate of Science  
 \_\_\_\_ Certificate

Catalog year being followed (2003-2004): \_\_\_\_\_

**The following course substitutions are requested:**

Course Number	for	Course Number	Rationale for substitution (use additional pages if necessary)
_____	for	_____	_____
_____	for	_____	_____
_____	for	_____	_____

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR COLLEGE USE ONLY

RECOMMENDATIONS:

ADVISOR/ COUNSELOR	<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	_____ ADVISOR'S/COUNSELOR'S SIGNATURE	_____ DATE
DEPARTMENT CHAIRPERSON	<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	_____ DEPARTMENT CHAIRPERSON'S SIGNATURE	_____ DATE
DEAN, TPS, and/or TSS	<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	_____ DEAN'S SIGNATURE	_____ DATE
ACTION TAKEN: REGISTRAR	<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	_____ REGISTRAR'S SIGNATURE	_____ DATE

COMMENTS: \_\_\_\_\_