



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: _____