



COURSE SUBSTITUTION REQUEST

Received by: _____ on _____

STUDENT ID NUMBER

LEGAL NAME: _____
LAST FIRST MI

(e.g. SSN, Driver's License...)

MAILING ADDRESS: _____
P.O BOX **OR** HOME MAILING ADDRESS

DATE OF BIRTH: _____

_____ VILLAGE/CITY TERRITORY/STATE ZIP CODE

GENDER: [] MALE [] FEMALE

DECLARED PROGRAM OF STUDY: _____

CONTACT NUMBERS: _____
HOME OTHER

Program of Study: _____ ASSOCIATE OF ARTS

_____ ASSOCIATE OF SCIENCE

Catalog year being followed (eg. 2003-2004): _____ CERTIFICATE

The following course substitutions are requested:

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

STUDENT'S SIGNATURE: _____ DATE: _____

FOR COLLEGE USE ONLY

RECOMMENDATIONS:

ADVISOR/COUNSELOR	/ / APPROVE / / DISAPPROVE	ADVISOR'S/COUNSELOR'S SIGNATURE	DATE
DEPARTMENT CHAIRPERSON	/ / APPROVE / / DISAPPROVE	DEPARTMENT CHAIRPERSON'S SIGNATURE	DATE
DEAN, TPS and/or TSS	/ / APPROVE / / DISAPPROVE	DEAN'S SIGNATURE	DATE
REGISTRAR	/ / APPROVE / / DISAPPROVE	REGISTRAR'S SIGNATURE	DATE

COMMENTS: _____