

COURSE SUBSTITUTION

(Return to Records Office)

Student NameStudent ID or SS Number

➤ **COURSE REQUIRED:**

Course Number	Course Title	Credit Hrs.
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➤ **COURSE SUBSTITUTED:** *(Additional elective hour(s) are necessary if substituted course hours are less than the required hours.)*

Course Number	Course Title	Credit Hrs.
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Course was taken at: _____

➤ **RATIONALE/REASON FOR COURSE SUBSTITUTION:**

 Student Date

 Advisor Date

 Division Chair Date

 Academic Dean Date

Signatures required by all parties to indicate approval.