

COURSE SUBSTITUTION FORM

PURPOSE: This form is used to substitute another course for a required course in a student's curriculum. Course substitutions are typically initiated by the advisor and may be granted under the following conditions:

- Course needed to graduate is not offered or is not again taught at CCC.
- A course previously successfully completed has similar course contents.
- Student has a documented disability preventing them from taking the required course.

STUDENT NAME: _____ STUDENT ID #: _____

PROGRAM OF STUDY: _____ TOTAL CREDITS COMPLETED TO DATE: _____

I request a substitution for the following required course:

_____	_____	_____
Prefix (Ex. ENG)	Course No. (Ex. 101)	Course Title

This course is to be replaced by:

_____	_____	_____
Prefix (Ex. ENG)	Course No. (Ex. 101)	Course Title

Term Taken: _____ at: _____
Term (Ex. Fall 18) School (Ex. Clinton, PSU, NCCC)

Reason(s): _____

 Student Signature

 Date

I have reviewed the above statements and support this substitution request.

Advisor's Signature: _____ Date: _____

Do you want to add to student's current schedule? Yes/No. If yes, Section # _____

Division Coordinator's Signature: _____ Date: _____

Division Coordinator's Signature: _____ Date: _____

Vice President Academic Affairs' Signature: _____ Date: _____