

136 Clinton Point Drive, Plattsburgh, New York 12901 (518) 562-4200 Fax: (518) 562-4118 www.clinton.edu

## 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: \_\_\_\_\_