



COURSE SUBSTITUTION PETITION

ALL of the requested information must be completed and submitted to the Assistant to the Vice President for Instruction before consideration by the Academic Standards Committee.

Student ID Number Social Security Number Name: Last First

Work Phone Local Address

Home Phone City State Zip Code

I am planning to complete an: (check appropriate box)

_____ Associate of Arts Degree _____ Associate of Applied Science Degree in (program title)

_____ Associate of Science Degree _____

_____ Associate of General Studies Degree _____ Certificate in (program title)

Proposed semester of graduation: Summer _____ Fall _____ Spring _____ Year: _____

Catalog to be used for graduation: _____

Substitute: _____

 course prefix course no. course title credits

College/University where substitute course taken: _____

NOTE: IF THE COURSE WAS TAKEN AT ANOTHER INSTITUTION, STUDENT COPIES OF TRANSCRIPTS AND A COURSE DESCRIPTION FROM THE CATALOG IN EFFECT WHEN COURSE WAS TAKEN MUST BE ATTACHED TO THIS PETITION AND OFFICIAL COPIES MUST BE SENT TO THE RECORDS OFFICE.

In Place Of: _____

 course prefix course no. course title credits

This course is a: _____ major course _____ general education course _____ elective course requirement

_____ AA/AS/AGS _____ Other in the Degree/certificate.

Please provide detailed rationale/support for request: (If additional space is needed, attach separate sheet)

Student signature _____ Date: _____

If approving substitution of a major course or AA/AS/AGS degree requirement, rationale MUST be provided by Academic/Program Advisor or Division Dean.

		Approve	Disapprove
Program/Academic Advisor	_____	_____	_____
Division Dean	_____	_____	_____
Division Dean (If two divisions are involved)	_____	_____	_____

Rationale: _____

Route to: _____ Academic Standards Committee _____ Records Office

Approved/Denied by _____ Date _____

(if applicable) Chairperson, Academic Standards Committee