



Course Substitution Petition

INSTRUCTIONS: Click on shaded field and input information, then print, sign and submit form to Department Chair.

Student ID Number: _____ Student Name (Last, First): _____

Primary Phone: _____ Student Email Address: _____

I AM PLANNING TO COMPLETE A / AN:

- Associate of General Studies Degree
- Associate of Applied Science Degree in (program name): _____
- Certificate in (program name): _____

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

Catalog Year being used for degree / certificate requirements: _____

I WANT TO SUBSTITUTE:

Course Prefix	Course Number	Course Title	Semester Credits
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*College / University where substitute course taken: _____

*NOTE: If the course was taken at another institution, a course description from the College / University catalog and an unofficial transcript must be attached to this Petition; an official transcript must be sent directly from the issuing institution to the Arapahoe Community College Office of Admissions & Records.

IN PLACE OF:

Course Prefix	Course Number	Course Title	Semester Credits
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This is a: Major Course General Education Course Elective Course Other:

Please provide detailed rationale / support for the substitution request (attach a separate sheet if additional space is needed):

Student Signature: _____ Date: _____

STAFF USE ONLY:

	Approve	Deny	Date
Department Chair/Designee _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Academic Dean _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Academic Dean _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Upon completion, for final processing, route to: Arapahoe Community College
 Attn: Graduation Coordinator
 Admissions & Records (2nd Floor, Main Building)
 5900 S. Santa Fe Drive
 Littleton, CO 80160
 Fax: 303.797.5970 / Email: admissions@arapahoe.edu