

COURSE SUBSTITUTION PETITION REQUEST



Please obtain Program Director/Advisor or Instructor signature before submitting to Student Services

STUDENT ID # _____ DATE _____

STUDENT NAME (PRINT) _____

PROGRAM NAME _____

AWARD TYPE (CIRCLE ONE) AA AAS AFA AS DIPLOMA CERTIFICATE

REQUIRED COURSE		CREDITS		COURSE SUBSTITUTION	CREDITS
<i>example: ART 1011</i>		3		<i>Art 1013</i>	4

Explain why a course substitution is necessary (required)

Student Signature _____

Program Director/Advisor Signature _____

Date _____ (or Instructor Signature if Applicable)

Comments:

Division Dean Signature _____ Date _____

Approved _____ Denied _____

To appeal a denied Course Substitution, fill out a Petition Appeal and follow the directions on the form.

Submit approved form to Registrar Assistant for recording to student record A copy of student's DARS report must be attached to this request.

Date entered on to student record _____ Initials _____