

Course substitutions are generally granted by an Academic Division when a clear relationship exists between a required course and the desired course. An approved course substitution will appear in your advising report for the program and catalog listed below. Changing programs and/or catalog year may nullify the approval.

To be completed by student:

ID#: _____ First Name: _____ Last Name: _____

Email: _____@email.vccs.edu Phone: _____

Program of Study: _____ Catalog Year: _____

Student signature: _____ Date: _____
 (required)

****Proposed Course Substitution**

Course Prefix	Course Number	Credits


Required Course

Course Prefix	Course Number	Credits	Dean/Program Chair Signature

****student must be enrolled in the class or have transfer credit.**

To be completed by program chair and/or dean:

Program Chair Review ☐ **Approved** ☐ **Denied**

Comments:

Chair's signature: _____ Date: _____
 (Chairperson of student's program)

Dean Review ☐ **Approved** ☐ **Denied**

Dean's signature: _____ Date: _____