



## AA/AS & Certificate Course Substitution

Student ID:	@										Date of Birth:	
Student Record Name:												

Last First Middle

Contact Information:	(      )	Email:	
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AREA CODE AND PHONE NUMBER

Degree or Certificate Program: <small>(check box if substitution applies to both)</small>	
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Catalog Year:	
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College Name <small>(attach unofficial transcript and course description)</small>	Substitute Course <small>(Prefix &amp; Number)</small>	Units <small>(S/Q)</small>	Grade <small>("C" or above)</small>	Required Course <small>(reference the catalog curriculum)</small>	Required units <small>(semester)</small>

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Counselor (PRINT NAME)*

\_\_\_\_\_  
*Signature Date*

**For Department Use Only**

Approved

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Denied

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Dept. Chair or Dean (PRINT NAME)*

\_\_\_\_\_  
*Dept. Chair or Dean Signature Date*

**For Admissions and Records Use Only**

\_\_\_\_\_  
*Reviewed by Evaluator (Name)*

\_\_\_\_\_  
*Date*