

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:	<input type="checkbox"/>	
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(check box if substitution applies to both)

Catalog Year:	
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College Name <small>(attach unofficial transcript and course description)</small>	Substitute Course <small>(Prefix & Number)</small>	Units & Grade* <small>(S/Q)</small>	Term Taken	Required Course <small>(reference the catalog curriculum)</small>	Required units <small>(semester)</small>

***NOTE: Grade for Substitute Courses must be "C"/"P" or better.**

Counselor (PRINT NAME) Date

For Department Use Only

Approved

Comments:

Designated Faculty or Dept. Coord (or Dean) (Print Name)

Denied

Comments:

Designated Faculty or Dept. Coord (or Dean) Signature Date

For Admissions and Records Use Only

Reviewed by Evaluator (Name)

Date