



OFFICE USE ONLY A&R Rec'd Date _____ Initials _____ (Check for all signatures)

Petition for Course Substitution

- Course substitution for:
- Associate Degree
 - Certificate of Recognition
 - Certificate of Achievement

Title of Degree or Certificate _____

Applicable Catalog Year _____ Student ID # _____

Print Student Name _____

Student contact information i.e. phone # _____ e-mail _____

Please provide an explanation to justify this substitution, and attach appropriate documentation from the instructor:

Required course:

Substituted course:

Student Signature _____

Date _____

Instructor Signature _____

Date _____

Print Instructor Name _____

Dean Signature _____

Date _____

Print Dean Name _____