



REQUEST FOR COURSE SUBSTITUTION

DATE: _____

TO: _____ Division Chair

FROM: _____ (Academic Advisor/Admissions Office)

_____ Student Name CWI (Student ID Number)

is seeking a/an ___ AA ___ AS ___ AAS ___ Certificate in Biological Science
Academic Area of Study

Reason for Request. *(Request must have the CSC unofficial transcript attached.)*

Anticipated Date of Graduation. _____

Request submitted for approval of the following course substitutions (s)

For

Substitute

 Prefix-Number Course Title

 Prefix-Number Course Title

 Prefix-Number Course Title

 Prefix-Number Course Title

Recommend Approval

Recommend Disapproval

 DIVISION CHAIR

 DATE

 DR. Ronald Ramming, Vice President of Academic Affairs

 DATE

Received: _____ Completed: _____

Staff Initials: _____