

**Office of the Registrar
COURSE SUBSTITUTION REQUEST FORM**



Name: _____ B-CC ID # _____ Date: _____

Major: _____ Advisor: _____
(Please print)

SUBSTITUTION COURSES

Instructions: The student's major area advisor, the department head of the area responsible for the substituted course (i.e., the course which follows "FOR"), and the dean of the academic school which offers the substituted course must sign the form below. The form must then be submitted to the Office of the Vice President for Academic Affairs for final approval.

_____ FOR _____
_____ FOR _____
_____ FOR _____
_____ FOR _____
_____ FOR _____

_____	_____
Major Area Advisor	Date
_____	_____
Department Head	Date
_____	_____
School Dean	Date
_____	_____
Vice President for Academic Affairs/Dean of Faculty	Date
_____	_____
Registrar	Date

FOR OFFICE USE ONLY: Date Received: _____ Processed Date: _____ Completed by: _____ Revised 9/21/09 acr
