**THREE RIVERS COMMUNITY COLLEGE**

COURSE SUBSTITUTION FORM

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SUBMITTED BY |  | | | | | | DATE | | | | |  | | |
| STUDENT NAME |  | | | | | | BANNER ID NUMBER | | | | |  | | |
| PLAN OF STUDY |  | | | | | | | | | | | | | |
| ACADEMIC ADVISOR | |  | | | | | | | | | | | | |
| PROGRAM COORDINATOR | | |  | | | | | | | | | | | |
| ACADEMIC YEAR OF INITIAL PROGRAM ENROLLMENT | | | | | |  | | | | | | | | |
| ANTICIPATED YEAR OF GRADUATION | | | |  | | | | | | | | | | |
| NOTE: Requests for course substitutions must be submitted one semester prior to date of graduation. | | | | | | | | | | | | | | |
| Approval to substitute the following course(s) for degree/certificate requirements in the above Plan of Study is requested: | | | | | | | | | | | | | | |
| Required Course(s)  Descriptor Number & Title | | | | | Substituted Course(s)  Descriptor Number & Title | | | | | | | | | |
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| Reason (Please be specific and include relevant information on articulation agreements): | | | | | | | | | | | | | | |
| List all course substitutions approved for this student to date: | | | | | | | | | | | | | | |
| Does this course substitution reduce the number of general education course credits to less than 1/3 of the degree? | | | | | | | | Yes | |  | | | No |  |
| Was this course substitution discussed with the student's advisor, a department chair, or faculty member in another discipline? If so, please explain: | | | | | | | | | | | | | | |
| Academic PC  (Printed) | |  | | | | | | | | | | | | |
| Academic PC Signature |  | | | | | | | | Date | |  | | | |
| Academic Dean Signature |  | | | | | | | | Date | |  | | | |

Copies to: Academic Advisor; Academic Dean; Program Coordinator; Student. The original will go to the Registrar.