**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 |
|       |       |
|       |       |
|       |       |
| 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.