

Course Substitution Form

STUDENT INFORMATION

Student Name *(Please print)*

ID Number

Student Email

Please indicate program of study for which the substitution is to apply:

- Associate in Arts and Sciences
- Associate of Science
- Associate of Arts
- Associate of Liberal Studies

- Associate in General Studies
- Associate in Applied Sciences in

 Certificate in _____

Student Signature *(if student initiated)*

Date

SUBSTITUTION DETAILS

Course number of suggested substitute: _____

Course number for which substitute is requested: _____

Substitution impacts financial aid:

(If box is checked alteration must be made in tree)

Rationale: _____

Signature of appropriate Administrator, Counselor or Advisor

Date

If denied, basis for denial _____

Records Office Use Only:

Alteration Made by _____ Date _____



Montcalm Community College