

Substitution Request Form

Part I – To be completed by the Student and then given to your Program Advisor

Request Date: _____

Student's Name: _____ Tech/Star ID: _____

Email: _____ Advisor name: _____

Substitution applicable to Program Major: _____

Degree type (if applicable): AA AAS AS or circle one: DIPLOMA CERTIFICATE

Required Course(s): _____ Number of Credits: _____

Substituting Course(s): _____ Credits: _____ Grade: _____

College/University course is from: _____

Explanation of reason for substitution: _____

** Please attach any supporting documentation to this form (i.e. course outlines/outcomes)

Part II - To be completed by the program advisor (check the appropriate box below)

☐ The course(s) listed above is/are an allowable **permanent** substitution for the following major(s):

☐ The course(s) listed above is/are an allowable **one-time** substitution

Program advisor signature: _____ Date: _____

Part III – To be completed by Academic Affairs and returned to the Transfer Specialist

Substitution approved _____ Substitution denied _____

Dean of Academic Affairs signature: _____ Date: _____

For office use only

Date entered on DARS _____ by _____