



Course Substitution Form

Student Name: _____ Student EMPLID: _____

Substitution Course Number: _____

Course Title: _____

Check PS Course Source:

- Enrollment
 - Test Credit
 - Legacy
 - Transfer Credit
-

Required Course Number: _____

Course Title: _____

Reason for Substitution: _____

Attach documentation to demonstrate the course competencies are satisfied.

Advisor Signature: _____

Date: _____

*Dean Signature: _____

Date: _____

*Obtain signature from Dean of the Academic Division that delivers the required course.