

GATEWAY COMMUNITY AND TECHNICAL COLLEGE

Course Substitution Form

Student EMPLID: _____ *OR* DATE OF BIRTH: _____

Student Name: _____

Substitute Course number: _____

Course Title: _____

Check PS Course Source:

Enrollment

Test Credit

Legacy

Transfer Credit

Required Course number: _____

Course Title: _____

Reason for substitution: _____

Advisor Signature: _____

Date: _____

Dean Signature: _____

Date: _____