

SOUTHWEST VIRGINIA COMMUNITY COLLEGE
COURSE SUBSTITUTION REQUEST FORM

NOTE TO STUDENT: Please complete the student portion of this form and request the approval of an academic advisor and the appropriate Division Dean. If approved by the advisor and Division Dean, the form must be submitted to the Admissions Office. Approval for the substitution should be sought prior to registration for the course being substituted.

Student Name: _____ Student ID/SSN: _____

Address: _____ City/State/Zip: _____

Plan of Study: _____ Advisor: _____

I request permission to substitute _____
Course Prefix Course Number Course Credits

for _____ . I plan to take
Course Prefix Course Number Course Credits

or completed the substitute course during _____ Semester, 20 _____

I plan to graduate at the end of _____ Semester, 20 _____, according to the requirements reflected in the SWCC Catalog for the _____ - _____ academic year.

NOTE: If course being substituted has fewer credits than the required course, please explain how credits will be made up.

It is my understanding that permission to substitute one course for another is applicable only to requirements for graduation from Southwest Virginia Community College, in the above plan of study. **Transfer institutions will evaluate courses according to their own internal policy and may not be accepting of some substitution courses.**

Date _____ Student Signature _____

Date _____ Advisor Approval _____

DIVISION DEAN ACTION:

Date _____ Approval _____

Date _____ Disapproval _____

Reason, if disapproval recommended. _____

Rev. 09/12

Admissions Office Use - Processed Date _____ Catalog Year _____

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Student

SIS Number

Program of Study

Required Course / Credits

Substitution Course / Credits
