

Southwest Virginia Community College Admissions Office

PO Box SVCC, Richlands, VA 24641 PH: 276.964.7238 FAX: 276.963.3450

COURSE SUBSTITUTION APPROVAL FORM

Name:Last Name			First Name				Middle	
Emplid or SSN	: 	Phone No:						
Plan of Study:								
Graduation require			d FallS	pring	Summer, 20	, based on	requirement	
Approved S	<mark>Substitute(s</mark>	<u>)</u>		<u> </u>	Required	d Courses(s)		
Course Prefix	Course Number	Credits	Term Completed	Grade	Course Prefix	Course Number	Credits	
Lemarks or Jus	tification: _							
ermission to subs								
their own interr	nal policy an	d may not	accept some s	ubstitutio	n courses.		303 according	
ate:		_						
ivision Dean:	Ар	proved	Disappro	ved				
ate:	Signa	ature:						
				ons office u	se only	0-4-1		
			Proce	ssed By		Catalog Year		
			Date			Scanned		

Revised 9/17