



**Southwest Virginia Community College  
Admissions Office**

PO Box 1101, Richlands, VA 24641

PH: 276.964.7238 FAX: 276.963.3450

Save to computer/phone, complete and email to admissions@sw.edu from STUDENT EMAIL ONLY

## COURSE SUBSTITUTION APPROVAL FORM

Name: \_\_\_\_\_  
Last Name
First Name
Middle

Emplid or SSN: \_\_\_\_\_ Phone No: \_\_\_\_\_

Plan of Study: \_\_\_\_\_ Advisor: \_\_\_\_\_

Graduation requirements will be completed \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer, 20\_\_\_, based on requirements reflected in the 20\_\_\_ SWCC catalog

**Approved Substitute(s)**

**Required Courses(s)**

Course Prefix	Course Number	Credits	Term Completed	Grade	Course Prefix	Course Number	Credits

Remarks or Justification: \_\_\_\_\_

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 accept some substitution courses.**

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Advisor Signature: \_\_\_\_\_

Division Dean: \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Admissions office use only

Processed By		Catalog Year	
Date		Scanned	