

### Course Substitution Request

Name \_\_\_\_\_ CBC ID \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Program/Certificate/Degree \_\_\_\_\_

Catalog Year \_\_\_\_\_ Phone Number (      ) \_\_\_\_\_

It is requested that I be permitted to substitute as indicated below. I understand that this substitution will invalidate my job competency guarantee. Attach a copy of your transcript.

Course \_\_\_\_\_ for Course \_\_\_\_\_

Reason for substitution \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor/Faculty Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ Approved \_\_\_\_\_ Denied by Assistant Dean or Dean

\_\_\_\_\_  
Assistant Dean or Dean Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ Approved \_\_\_\_\_ Denied by Vice President

\_\_\_\_\_  
Vice President of Instruction & Economic Development Signature

\_\_\_\_\_  
Date

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