

Cleveland State Community College

Request for Substitution of Course Requirement

To: Vice President of Academic Affairs

Student I.D. # _____

Through: Faculty Advisor, Dean of Academic Division

From: _____ Date _____
Last First Middle

I am presently a student at Cleveland State Community College where I am majoring in _____. I plan to graduate with an (please check applicable choice) A.A. A.S. A.A.S. degree or certificate at the end of the following term: _____ 20____. I request that the following course listed below in the _____ to _____ catalog be substituted as follows:

| Required Course | Substitute Course | Reason |
|--------------------------------|--------------------------------|--------|
| Course Number/Name/Credit Hrs. | Course Number/Name/Credit Hrs. | |

If transfer credit, specify institution _____

NOTE TO THE STUDENT: A copy of your Cleveland State or the noted institution transcript must be attached. Also, a course description and/or syllabus must be attached if you are requesting a substitution with a course from another college.

FACULTY ADVISOR – Recommendations and comments _____

Signature Date

DEAN OF ACADEMIC DIVISION (of required course) – Recommendations and comments _____

Signature Date

ADMISSIONS AND RECORDS OFFICE – Comments _____

Signature Date

VICE PRESIDENT FOR ACADEMIC AFFAIRS – Comments (with approval or disapproval of request) _____

Signature Date

To: Admissions and Records Office

From: Vice President for Academic Affairs

(Student will submit three copies of this form.)

Date Processed