



### Course Substitution Form

Student Name (print): \_\_\_\_\_

S#: \_\_\_\_\_ Phone: \_\_\_\_\_

Student E-mail: \_\_\_\_\_

*Note: Your official CCD email account is the only email CCD will accept for correspondence.*

Anticipated term of graduation, check one:

Spring \_\_\_\_\_  Summer \_\_\_\_\_  Fall \_\_\_\_\_

Catalog Year: \_\_\_\_\_

Degree Type (Do NOT use this form for a Dwd):

AGS

General – AS

General – AA

AAS in \_\_\_\_\_

Certificate Name: \_\_\_\_\_

Mailing Address: Campus Box 201 | P.O. Box 173363 | Denver, CO 80217 | Fax: 303-556-2431

## Course Substitution Form

S#: \_\_\_\_\_

Please indicate which course will not be taken and which course will be substituted for it.

Required Course:

Course Prefix: \_\_\_\_\_ Number: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Title: \_\_\_\_\_

Substitute Course(s):

Course Prefix: \_\_\_\_\_ Number: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Title: \_\_\_\_\_

Required Course:

Course Prefix: \_\_\_\_\_ Number: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Title: \_\_\_\_\_

Substitute Course(s):

Course Prefix: \_\_\_\_\_ Number: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Title: \_\_\_\_\_

Required Course:

Course Prefix: \_\_\_\_\_ Number: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Title: \_\_\_\_\_

Substitute Course(s):

Course Prefix: \_\_\_\_\_ Number: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Title: \_\_\_\_\_

## Course Substitution Form

S#: \_\_\_\_\_

### Requested Approval *(Only a Dean needs to sign for an AA, AS or AGS)*

An Advisor can sign on behalf of the Department Chair, with a Department Chair approval e-mail attached. An Advisor or Department Chair can sign on behalf of the Dean with a Dean's approval e-mail attached.

Department Chair Name: \_\_\_\_\_

Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approve                       Disapprove

Department Dean Name: \_\_\_\_\_

Department Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approve                       Disapprove

Comments if needed:

### ORR Internal Use Only:

Received By, Name: \_\_\_\_\_ Date: \_\_\_\_\_

Processed By, Name: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail notification sent to student by:

Name: \_\_\_\_\_ Date: \_\_\_\_\_