Print Form

QUINEBAUG VALLEY
COMMUNITY COLLEGE

For Records Office Use Only:

Entered by: _____

Date: ____/____/____

Course Substitution Form

BANNER ID: @ ☐☐☐☐☐☐☐☐
(Required for processing)

Last Name, First Name, Middle Name

Program/Major

General Education Core Course Substitutions

Required Subject No.	Required Course No.	Substitute SUBJ	Substitute Course No.	Approval
				☐
				☐
				☐

Program Coordinator Signature _____ Date _____ *Academic Dean Signature* _____ Date _____

Program Core Course Substitutions

Required Subject No.	Required Course No.	Substitute SUBJ	Substitute Course No.	Approval
				☐
				☐
				☐

Program Coordinator Signature _____ Date _____ *Academic Dean Signature* _____ Date _____

Justifications for above substitutions:

Return form with all original signatures to Records Office