



Course Substitution Approval

ADMISSIONS AND RECORDS

From _____ To _____ Date _____

Student ID # _____ Date of Birth ____/____/____

Last Name _____ First Name _____ MI _____

Field of Concentration _____ Attachment Yes No

Completed form must be returned by the Academic Department to the Admissions and Records Office via campus mail, mail code R6 (LAC) or PCC Records Office (PCC).

SUBSTITUTION

Course _____ Units ____ Substitute for Course _____ Units ____

Comments: _____

Recommended:

Department Head Signature Date _____

Instructional Dean Signature Date _____

Dean, Enrollment Services Signature _____ Date _____

Approved Denied