

## Course Substitution Approval

## **ADMISSIONS AND RECORDS**

Date:				
To:		Department:		
From:				
Student Name:		Student ID #:		
Field of Concentration:			_	
Coursework completed at:		Attachment: □ Yes □ N	0	
Course Information		Substitute For		
Course	Units	Course Units		
Notes:				
Department Head Signature:				
□ Please ch	eck this box if	approval is sent via email.		

You may also return the completed form to Admissions & Records via campus mail, LAC Records mail code R6, or PCC Records Office.