

# Request for Course Substitution

(One course per form)



## Student

Date	
Name	
9000 #	
Major	

## Advisor

Contact name	
Email address	
Telephone number	

GGC course requirement to be filled	Course recommended to substitute	GGC Registrar (office use only)

- Accept
- Reject

1) Rationale: \_\_\_\_\_

2) Documents required – syllabus or catalog description of course \_\_\_\_\_

3) Institution where course was taken and date: (Name) \_\_\_\_\_ (Date) \_\_\_\_\_

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Faculty advisor signature

\_\_\_\_\_  
Discipline coordinator signature

\_\_\_\_\_  
School dean signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date