Course Substitution Request

Part I. (Student completes - See below for instructions)

Name ________________________________  Student ID _____________________  Date__________________________

VPCC/VCCS Email_________________________  Telephone______________________  Catalog Year___________________

Program of Study__________________________________  AA     AFA   AS     AAA     AAS    Certificate   CSC

<table>
<thead>
<tr>
<th>Substituted Course Information</th>
<th>Required Course Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Prefix</td>
<td>Course Number</td>
</tr>
</tbody>
</table>

Part II. To be completed by a counselor/academic advisor for submission to the academic dean or the Office of the Enrollment Services.

☐ I have reviewed this student’s academic records and believe this request warrants consideration by the academic dean.
☐ I have reviewed the student’s academic records and do not believe this substitution request warrants further consideration.
☐ Based on information documented in the course substitution library, this request should be approved.

It is understood that this form is used only for substitution of Virginia Peninsula courses and/or courses that have been officially evaluated from other colleges/universities and accepted by VPCC for credit. If approved, the substituted course is applicable only to the curriculum listed. If the degree level is AA, AFA or AS, it is further understood that the transferability of the substituted course will be determined by the receiving institution.

_________________________________________________  ____________________________________
Student Signature  Date

_______________________________________________________ ________________________________________
Academic Advisor/Counselor Signature  Date

Part III. Academic Division Dean or Designee Review (if necessary)

☐ Approved  ☐ Denied

Justification for Course Substitution Denial:

_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

___________________________________ ____________________________________
Dean or Designee Signature  Date

Instructions:  Student: Complete Part 1, submit form to Academic Advisor/Counselor
              Academic Advisor/Counselor: Review form with student and determine next steps (form sent to Dean or Enrollment Services)
              Dean/Designee: Review request, indicate action, sign (Part III) and forward to Enrollment Services.
              Enrollment Services: Update data, forward copy to division, provide copy to student.

Office Use:

Received by ________________________________  Date ____________________________
Notification to Division ________________________________  Date ____________________________
Notification to Student ________________________________  Date ____________________________

White: Enrollment Services  Yellow: Academic Division  Pink: Student

Revised June 2022