

## **Course Substitution Request**

The Peninsula's Community College

White: Enrollment Services

Trelephone	Name		Student ID		Date		
Substituted Course Information  Course Prefix Course Prefix Number Credits For Prefix Number Credits For Prefix Number Credits For Prefix Number Credits For Prefix Number Credits Prefix Number  Part II. To be completed by a counselor/academic advisor for submission to the academic dean or the Office of the Enrollmen Services.  I have reviewed this student's academic records and believe this request warrants consideration by the academic de I have reviewed the student's academic records and do not believe this substitution request warrants further consider the substitution of information documented in the course substitution library, this request should be approved.  It is understood that this form is used only for substitution of Thomas Nelson courses and/or courses the substituted course is applicable only to the curriculum listed. If the degree level is AA, AFA or AS, if further understood that the transferability of the substituted course will be determined by the receiving institution.  Student Signature  Date  Date  Dean or Designee Signature  Date  Dean or Designee Signature  Date  Dean or Designee Signature  Date  Date  Date  Date  Date  Date  Doring Course Course Information  Course Substitution Denial:  Date  Date  Doring Designee: Review request, indicate action, sign (Part III) and forward to 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.	TNCC/VCCS Email		Telephone		Catalog Year		
Course Prefix   Course   Credits   For   Course   Course   Course   Credits   Prefix   Number   Credits   For   Course   Prefix   Number   Credits   For   Course   Prefix   Number   Credits   For   Prefix   Number   Credits   For   Course   Co	Program of Stu	udy		□AA	□ AFA □AS	□AAA □AAS □Ce	ertificate   CSC
Prefix   Number   Prefix   Prefix   Prefix   Number   Prefix   Pre	Substituted Course Infor		mation_		Required Course Information		
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Academic Advisor/Counselor Signature  Part III. Academic Division Dean or Designee Review (if necessary)  Approved  Ustification for Course Substitution Denial:  Dean or Designee Signature  Date	☐ I have I ☐ Based of It is understo have been of the substitut	reviewed the student's a on information documer ood that this form is fficially evaluated fro red course is applical	cademic records and ted in the course subset only for subset only for subset only to the cuble on the cuble only to the cuble only to the	d do not be ubstitution l bstitution es/univers urriculum	lieve this substitu ibrary, this reques of Thomas Ne sities and acce listed. If the o	tion request warrants at should be approved alson courses and/oted by TNCC for a legree level is AA,	further considera 'or courses tha credit. If appro AFA or AS, it i
art III. Academic Division Dean or Designee Review (if necessary)  Approved  Jean or Designee Substitution Denial:  Date  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.	nstitution.	rstood that the tran	sjerability oj tne	e substitui	tea course wiii	be determined by	the receiving
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Yellow: Academic Division Pink: Student

Revised May 2018