

Course Substitution Request

The Peninsula's Community College

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

Name _____ Student ID _____ Date _____

TNCC/VCCS Email _____ Telephone _____ Catalog Year _____

Program of Study _____ AA AFA AS AAA AAS Certificate CSC

Substituted Course Information

Required Course Information

Course Prefix	Course Number	Credits	For	Course Prefix	Course Number	Credits
			➔			

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 Thomas Nelson courses and/or courses that have been officially evaluated from other colleges/universities and accepted by TNCC 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 _____
 Notification to Division _____
 Notification to Student _____

Date _____
 Date _____
 Date _____