Course Substitution Form

Name: ________________________________  DSC ID: _________

Program: _____________________________  Catalog Year: ___

Dmail: _______________________________  Phone: ___________________________

Required Course
Course ID: ___________________________  Course Title: ______________________  Credits: ___

Requested Substitute Course
Course ID: ___________________________  Course Title: ______________________  Credits: ___

☐ Semester or ☐ Quarter Taken: ______ at: __________________________  Grade Received: ___

Attach catalog course description or syllabus if not taken at DSC

Career Goal: ________________________________________________________________

Justification: __________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

For Department Use Only

Reviewed by department advisor: ___________________________  __________________

☐ Approved  ☐ Denied  SIGNATURE  DATE

Comments:  ________________________________________________________________

DEPARTMENT CHAIR SIGNATURE  DATE  DEAN SIGNATURE  DATE