



REQUEST FOR COURSE SUBSTITUTION

Northwestern Connecticut Community College Office of the Registrar

Student ID @ _____ OR Social Security # _____

Name _____
(Last) (First) (MI)

Mailing Address _____
(Street) (City) (State) (Zip)

Telephone () _____ Major _____

Required Course: _____ (Name & Number) _____ (Course Title) _____ (# credits)

Substitute Course: _____ (Name & Number) _____ (Course Title) _____ (# credits)

Explanation of reasons for course substitution. Use reverse side if more space is needed.

I understand that if I am applying to graduate in this academic year, this form must be submitted to the Dean of Academic & Student Affairs by November 1st for January graduation and April 1st for May graduation. It is my responsibility to ensure that all approvals are received by the Registrar before December 1st or May 1st.

Student Signature _____ Date _____

Submit form to your Academic Advisor or to the appropriate Faculty Member.

Request Approved:

Request Denied:

Faculty Member Date

Faculty Member Date

Division Director Date

Division Director Date

Dean of Academic & Student Affairs Date

Dean of Academic & Student Affairs Date

Reason for denial (if applicable) _____