

Course Substitution Form

Request Date: _____

Student Name: _____ Student ID: _____
 (Last name, First name Middle Initial)

Major: _____ BSN AAT AS AAS Certificate Catalog Year: _____

Rationale:

List Grayson course number followed by substitution course number. Include substitution grade, number of credits, and institution of earned credit.

#	Grayson Course	Substitution Course	Grade	Credit	Institution	Affects Core	
						Y	N

I understand that these substitutions will not be posted to my degree until they have been approved by the Dean and I have met the core requirements.

 Student's Signature

 Advisor's Signature

 Program Director/Dept. Chair Date

 Dean's Signature Date

Registrar's Signature _____ Posted Date: _____ Initials: _____