Cowley College

Request to Substitute for a Required Course

Student's Name:			Student ID#:			
Student Phone#:		Email	:			
Program/Pathway:			Degree:			
3. Instructor/Advisor then s4. Department Chair submi	letes course infor submits form to I ts for to VP Acad	mation and at Department Cl lemics for app	taches any additional docum nair for signature.			te
Credit Type: CC= Cov	vley Course, ML = 1	Military Credit, I	C = Industry Certificate, L = Li	censure, TR = Trans	fer Credit	
	(A <u>II</u>	signatures are r	equired for form to be accepted	<u>d.)</u>		
Please be timely with We request substitution for the	_	,	n degree audit or transcript	processing for this	s student.	
Required Courses	Course Number	Credit Hours	Requested Substitute	Course or ID Number	Credit or Clock Hours	Credit Type
Student Signature:			Recommended by: _			
				Advisor/I	nstructor	
Department Chair Signature (Re	equired):					
			Approved De	nied		
V.P. Academic Affairs or Regis	strar					
V.P. Comments:						
Date Approved:						

Revised: 7/13/2020