



Spokane Community College COURSE SUBSTITUTION FORM

Student name _____

Student ID number

Degree Certificate Program _____

Note: When a course is substituted, the program credit requirements are NOT waived. A course needs to be substituted to meet the total required program credits.

REQUIRED COURSE				SUBSTITUTED COURSE							
COURSE	NUMBER	TITLE	CREDITS	COURSE	NUMBER	TITLE	YEAR TAKEN	WHERE TAKEN	SEM/QTR	CREDIT	SCC CREDIT

Reason _____

Student signature _____ Date _____

Counselor/faculty advisor signature _____ Date _____

Approved Disapproved Date _____ Division dean signature _____

Reason for disapproval _____

FOR OFFICE USE ONLY		
Received date _____	Initials _____	SMS input date _____