SAN JACINTO COLLEGE

Course Substitution Request

Campus Designation_____

G# _____

Student's Name: _____

Address: _____ Home Phone: _____

City/State/Zip: _____ Work Phone: _____

Select Objective(s): A.A.　　　<mark>A.A.S.</mark>　　　A.A.T.　　　Cert. Tech.　　　O.C.

Program Code*_____　　　Catalog Year _____ /_____

* Program codes are listed in the SJC *Catalog*

The Course Substitution Request must be accompanied by copies of the following documents:

Degree Evaluation from S.O.S. **Syllabus with SOL for substitution course** print out from website or school catalog
Transfer Evaluation from Enrollment Services Office (if applicable)
Course description of each course

Departmental Justification: This form must include a written justification by the **department chairman** for requesting a course substitution(s) for the above named student to be used in satisfying the degree or certificate requirements of the specified curriculum.

_____
_____
_____
_____

SJC SPECIFIED COURSE(S)		RECOMMENDED SUBSTITUTE COURSE(S)	
List specific course number from program (Not requirement)		Course should be listed by SJC equivalent number if transferred	
Prefix Number ex: (PSYC 1342)	**Title**	**Prefix Number**	**Title**

Requested by:　(Student Signature)

_____ _____
Student　　　　　　　　　　　　Date

Recommended by:

_____ _____
Department Chairman　　　　　Date

Approved by:

_____ _____
Dean of Technical Education　　Date
or Academic Dean

_____ _____
Vice President of Instruction　　Date

Posted by:

_____ _____
　　　　　　　　　　　　　　　Date