



## GEORGIA HIGHLANDS COLLEGE CURRICULUM SUBSTITUTION REQUEST

Name:	ID# 900
Address:	Phone:
Anticipated Graduation Date:	Pathway:

I would like to request that the following course substitution be made in my curriculum in order to complete graduation requirements at Georgia Highlands College.

Course Name and Number:	Credit Hours:
Name of Institution:	Location:
Completed:    Summer    Spring    Fall    Winter	Grade:

Georgia Highlands College Required Course: \_\_\_\_\_  
*(You must attach a copy of the course description from the college/university catalog if the course was taken at a college/university other than Georgia Highlands College.)*

Are other substitutions being requested at this time?     YES     NO

Have previous course substitutions been granted?     YES     NO (If yes, give details on back of sheet.)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Comments: \_\_\_\_\_

### GEORGIA HIGHLANDS DEPARTMENTAL APPROVALS

Signature of Advisor	Date	Signature of Registrar	Date
Advisor Comments: _____		Registrar Comments: _____	

**Sending Division Chair Recommendation:** Approved:     Not Approved:   
Signature of Division Chair: \_\_\_\_\_ Date: \_\_\_\_\_  
Comments: \_\_\_\_\_

**Receiving Division Chair Recommendation:** Approved:     Not Approved:   
Signature of Division Chair: \_\_\_\_\_ Date: \_\_\_\_\_  
Comments: \_\_\_\_\_

**Curriculum Committee Action:** Approved:     Not Approved:   
Comments: \_\_\_\_\_  
Vice President for Academic Affairs Signature: \_\_\_\_\_  
Date