GEORGIA HIGHLANDS COLLEGE – REQUEST FOR SUBSTITUTION IN CURRICULUM FOR GRADUATION TO BE SUBMITTED TO CURRICULUM COMMITTEE, OFFICE OF VP FOR ACADEMIC AFFAIRS

Name: ___________________________ Student Identification # ________
Address: ___________________________ Phone #: __________ W ________
Pathway: ___________________________

Anticipated date of graduation: __________

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.

Requested substitution:

Course Name and Number: ___________________________ Semester Hours: ________

Name of Institution: ___________________________ Location: ___________________________

When Completed: ___________________________ Grade: ___________________________

Georgia Highlands College Course Requirement:

ATTACH A COPY OF COURSE DESCRIPTION FROM COLLEGE CATALOG IF COURSE WAS TAKEN AT A COLLEGE OTHER THAN GEORGIA HIGHLANDS COLLEGE.

Are other substitutions being requested at this time? _______

Have previous course substitutions been granted? ________ If so, give details on back of sheet.

Signature of Applicant ___________________________ Date: __________

Applicant Comments: ____________________________________________

__________________________________________________________________

Signature of Advisor ___________________________ Date: __________

Advisor Comments: ____________________________________________

__________________________________________________________________

Signature of Registrar ___________________________ Date: __________

Registrar Comments: ____________________________________________

__________________________________________________________________

Sending Division Chair Recommendation: Approved: ______ Not Approved: ______ Date: __________
Comments: ______________________________________________________

Signature: _______________________________________________________

Receiving Division Chair Recommendation: Approved: ______ Not approved: ______ Date: __________
Comments: ______________________________________________________

Signature: _______________________________________________________

Curriculum Committee Action: Approved: _______ Not approved: _______ Date: __________
Comments: ______________________________________________________

Vice President for Academic Affairs Signature: ____________________________________________