



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: _____

*I approve this course to be added to GHC's accepted equivalencies: **Approved** **Not Approved**
*Only an option for a specific transfer course being used for a specific GHC course.

Curriculum Committee Action: Approved: Not Approved:
 Comments: _____
 Signature of Vice President for Academic Affairs: _____
 Date: _____