

COURSE SUBSTITUTION FORM



Student Identification

Date: _____ Effective Catalog Year: _____

Student Full Name: _____ Major: _____

MCC Student ID: _____ Degree or Certificate: _____

Academic Advisor: _____ Concentration (if applicable): _____

Course Substitution Request

This to authorize the substitution of the following course(s) toward graduation requirements. Authorization applies only for the major/field of study and degree/certificate/designation, and effective catalog specified.

NOTE: If this same substitution is to apply to additional major(s) and/or degree/certificate(s) a separate form is required.

1. Reason for this Substitution:

	College	Course Prefix & Number	Course Title	Credits	Grade
MCC Required Course:	MCC				
Substitute Course 1					
Substitute Course 2					
Substitute Course 3					

2. Reason for this Substitution:

	College	Course Prefix & Number	Course Title	Credits	Grade
MCC Required Course:	MCC				
Substitute Course 1					
Substitute Course 2					
Substitute Course 3					

Approvals

STUDENT SIGNATURE & DATE: _____

ADVISOR APPROVAL & DATE: _____

INSTRUCTIONAL DEAN or VP of INSTRUCTION & DATE: _____

RETURN INFORMATION

Return completed & signed form to:
Morgan Community College Student Services Records Office/Graduation
 Processing 920 Barlow Road • Fort Morgan, CO 80701
 FAX 970-542-3114 • EMAIL Student.Services@MorganCC.edu