

**REQUEST FOR A SUBSTITUTION OF
GRADUATION/PROGRAM OF STUDY REQUIREMENTS**

PART A: (To be completed by the student)

Name: _____ Student Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: Home: _____ Cell: _____ Work: _____

Bucks E-Mail Address: _____

Anticipated Graduation Date: _____

SUBSTITUTION BEING REQUESTED FOR:

Program of Study/Major

Program Number:

SUBSTITUTE

FOR REQUIRED

Number & Name of Course(s)

Number & Name of Course(s)

Number & Name of Course(s)	Number & Name of Course(s)

OTHER: (Explain)

REASON FOR REQUEST: (Add additional page if necessary)

NOTES TO THE STUDENT:

1. Transfer credits must appear on the academic evaluation **before** a substitution involving those credits can be considered. *If you are asking to substitute a course that you have transferred into BCCC with a 998 or 999 number, please attach information (course description and/or syllabus) from the transfer school.*
2. If you plan to transfer and there is an established program-to-program articulation agreement with the institution to which you plan to transfer that pertains to your program of study, the substituted course may not satisfy the requirements of the articulation agreement. **Check with an advisor.**
3. Submit this form to the Department responsible for administering your program of study.

Student's Signature:

Date:

PART B: (To be completed by the Department)

Is this course required to meet the stated learning goals for this student's program of study?

Yes _____

No _____

Comments:

Is this program covered by a statewide articulation agreement (TAOC)?

Yes _____

No _____

If yes, is this substitution directly related to any requirements in the statewide agreement?

Yes _____

No _____

Will the student meet the requirements of the statewide agreement with this substitution?

Yes _____

No _____

Comments:

Recommendation of Area (if required)

Comments:

Approve _____
Disapprove _____

Recommendation of Department Dean

Comments:

Approve _____
Disapprove _____

Department Dean

Date:

PART C: Decision of the Associate Provost

Comments:

Approve _____
Disapprove _____

Associate Provost

Date