

**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: \_\_\_\_\_ Fax No. \_\_\_\_\_

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)


**OTHER: (Explain)**

**REASON FOR REQUEST: (Add additional page if necessary)**

**NOTES TO THE STUDENT:**

1. A copy of your most recent academic evaluation (not a transcript) must accompany your request. You can print your evaluation from *WebAdvisor*.
2. 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.*
3. 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.
4. Submit this form and your academic evaluation to the Department responsible for administering your program of study.
5. You will be notified by mail of the decision on your request within one month after proper completion and submission of this form.

\_\_\_\_\_  
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, Academic and Curricular Services**

**Comments:**

Approve \_\_\_\_\_  
Disapprove \_\_\_\_\_

\_\_\_\_\_  
**Associate Provost, Academic and Curricular Services**

\_\_\_\_\_  
**Date**