

Virginia Highlands Community College

Course Substitution Request

 Last Name First Middle

Empl. I.D. Number: _____

CURRENT CURRICULUM _____

REQUIRED COURSE (S)			APPROVED SUBSTITUTION (S)		
Course Number	Course Title	Units	Course Number	Course Title	Units

Justification to be completed by Faculty/Advisor/Counselor

 Student's Signature Date

 Faculty/Advisor/Counselor Date

 Division Dean Date

Record Office Use:
 Transfer Credits recorded on permanent record card on _____ by _____
(Date) (Assistant Registrar)

09/18/08