



SAN JACINTO
COLLEGE

Course Substitution Request

Campus Designation _____

G# _____

Student's Name: _____

Address: _____ Home Phone: _____

City/State/Zip: _____ Work Phone: _____

Select Objective(s): A.A. **A.A.S.** A.A.T. Cert. Tech. O.C.
 Program Code* _____ Catalog Year _____ / _____

* Program codes are listed in the SJC *Catalog*

The Course Substitution Request must be accompanied by copies of the following documents:
Degree Evaluation from S.O.S. Syllabus with SOL for substitution course print out from website or school catalog
Transfer Evaluation from Enrollment Services Office (if applicable)
 Course description of each course

Departmental Justification: This form must include a written justification by the department chairman for requesting a course substitution(s) for the above named student to be used in satisfying the degree or certificate requirements of the specified curriculum.

SJC SPECIFIED COURSE(S)		RECOMMENDED SUBSTITUTE COURSE(S)	
List specific course number from program (Not requirement)		Course should be listed by SJC equivalent number if transferred	
Prefix Number ex: (PSYC 1342)	Title	Prefix Number	Title

Requested by: (Student Signature)

Student _____ Date _____

Approved by:

Dean of Technical Education or Academic Dean _____ Date _____

Vice President of Instruction _____ Date _____

Recommended by:

Department Chairman _____ Date _____

Posted by:

_____ Date _____