

## Program Course Substitution/Course Waiver Request

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Student ID# \_\_\_\_\_ Current Phone Number \_\_\_\_\_

Degree:      AAB       AAS       ATS       AA       AS       Certificate       Fast Track

Program Major/Option: \_\_\_\_\_ Catalog Year: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_

### Program Course Requirement

Edison Course ID	Course Title	Credit Hours
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**Course Substitution**

Edison State Community College Course       ESCC Proficiency/CLEP test

Other Institution Course: \_\_\_\_\_  
*Attach relevant documentation (syllabus, course description)*

Course ID	Course Title	Credit Hours
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**Course Substitution** *(to substitute one course for a different course)*

Basis for Substitution:

Course content is sufficiently equivalent to the required course.

Required course not available to the student before scheduled graduation date.

Course is more appropriate for the student's goal.

Course is recommended for transfer by a receiving institution.

Other: \_\_\_\_\_

**Program Course Waiver** *(to waive a required course in the program of study)*

Basis for Substitution: *(credit hours and degree requirements must be maintained)*

Student was placed in the next level of the course sequence based on achieving advanced placement.

Student has achieved knowledge of required course content through related course(s).

Required course is no longer offered.

Other: \_\_\_\_\_

Recommended by: \_\_\_\_\_ Date: \_\_\_\_\_

Response of Academic Dean:       Request Approved       Request Not Approved

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_