

Request for Substitution of Curriculum Requirement

Obtain appropriate signatures and submit to the Registrar's Office in Bld. 2, room 200.

This form is to be filled out whenever a student desires to substitute course work of any kind for the course prescribed in a curriculum or seeks to deviate in any way from a curriculum as described in the applicable college catalog. This substitution can only be used for a required course of equal or lesser credits in a specific curriculum.

Student _____ Social Security Number _____
Last First MI

Curriculum _____ Program Option (if applicable) _____

Estimated term of graduation (circle one) FALL WINTER SPRING SUMMER Year _____

Are you receiving Veteran's benefits? (circle one) YES NO

Chemeketa Course Required

Course Subject _____ Number _____ Title _____ Credit _____

Substitution Requested

Course Subject _____ Number _____ Title _____ Credit _____

Chemeketa Course? YES NO

If not Chemeketa, where _____

Has this course been completed? YES NO

Student's reason for request: _____

_____ Student Signature: _____ Date _____

Staff member recommendation: _____

_____ Staff Signature: _____ Date _____

Department recommendations and comments: _____

Deviation: (circle one) Recommended Not Recommended _____
Program Director's Signature Date

Please forward completed form to the Registrar's Office in Bld. 2, room 200.