



# Request for Course Substitution

## Student Information

Name :		Student ID#	Date:
Term of Request:	Term of Graduation:	Major:	

## Course Information

TC Course Number	Course Title	Credit	Sem./Yr Taken
Proposed Course Number	Course Title	Credit	Sem./Yr Taken

- If the proposed course was not taken at Temple College please list the Institution and attach a copy of the transcript.

## Course Information

TC Course Number	Course Title	Credit	Sem./Yr Taken
Proposed Course Number	Course Title	Credit	Sem./Yr Taken

## Explanation

Briefly state why the requested substitution should satisfy the requirement:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President of Educational Services

\_\_\_\_\_  
Date

When this form is completed please return to A&R -----A/R 06/09