



Request for Course Substitution

Student Information

Name :	Student ID#	Date:
Term of Request:	Term of Graduation:	Major: (Please list all degrees or certificates you plan to use this substitution for.)

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