



COURSE SUBSTITUTION FORM

TO: Elizabeth Villarreal, Director of Enrollment Services

FROM :
(Name and Title)

DATE:

RE: Course Substitution Form

Student's Name: _____ Banner: _____

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Major: _____ Catalog Year: _____
Pre-Major Title Pre-Major Code (Ex: 14-15)

Course Taken:		Substitution for:	
Course ID	Course Title	Course ID	Course Title

Rationale (Include a statement and select the appropriate category:

Justification Substitution

Substitution Parameters: The institution grants a substitution when the learning outcomes of the course taken meet or exceed those of the course required for completion. The course taken should contribute to the program learning outcomes in a way comparable to the course required for completion. Additionally, the credit hours of the course taken must be equal to or greater than the course required for completion. Learning outcomes with program outcomes.

Approval/Disapproval to be completed only by the Chairperson/ Discipline Faculty Lead:

Approve Disapprove

By signing this form, the initiator understands that all Palo Alto College course substitutions are valid for Palo Alto College Degree plans only and that receiving institutions reserve the right to accept or refuse them.

Student/Initiator Signature

Date

Advising Team Leader Signature

Date

Chairperson/Discipline Faculty Lead Signature

Date

Academic Dean Signature

Date