

GEORGIA HIGHLANDS COLLEGE – REQUEST FOR SUBSTITUTION IN CURRICULUM FOR GRADUATION
TO BE SUBMITTED TO CURRICULUM COMMITTEE, OFFICE OF VP FOR ACADEMIC AFFAIRS

Name: _____
Address: _____
Anticipated date of graduation: _____

Student Identification # _____
Phone #: H _____ W _____
Major: _____

I would like to request that the following course substitution be made in my curriculum in order to complete graduation requirements at Georgia Highlands College.
Requested substitution:

Course Name and Number: _____ Semester Hours: _____

Name of Institution: _____ Location: _____

When Completed: _____ Grade: _____

Georgia Highlands College Course Requirement: _____
ATTACH A COPY OF COURSE DESCRIPTION FROM COLLEGE CATALOG IF COURSE WAS
TAKEN AT A COLLEGE OTHER THAN GEORGIA HIGHLANDS COLLEGE.

Are other substitutions being requested at this time? _____

Have previous course substitutions been granted? _____ If so, give details on back of sheet.

Signature of Applicant _____ Date: _____

Applicant Comments: _____

Signature of Advisor _____ Date: _____

Advisor Comments: _____

Signature of Registrar _____ Date: _____

Registrar Comments: _____

Sending Division Chair Recommendation: Approved: _____ Not Approved: _____ Date: _____

Comments: _____

Signature: _____

Receiving Division Chair Recommendation: Approved: _____ Not approved: _____ Date: _____

Comments: _____

Signature: _____

Curriculum Committee Action: Approved: _____ Not approved: _____ Date: _____

Comments: _____

Vice President for Academic Affairs Signature: _____