



GLENVILLE STATE COLLEGE

REQUEST FOR COURSE SUBSTITUTION (AA-11/10)

TO: _____

FROM: _____, Advisor

DATE: _____

STUDENT: _____ ID#: _____

ACADEMIC PROGRAM: _____

REQUESTED SUBSTITUTIONS

COURSE(S) REQUIRED:

COURSE(S) COMPLETED:

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

RATIONALE FOR EACH REQUEST

- _____
- _____
- _____

The Chairperson responsible for signing off is the Chairperson for which the required course is assigned.

Action by Required Course Chairperson Approved Denied

Chairperson's Signature: _____ Date: _____

Action by Registrar Approved Denied

Registrar's Signature: _____ Date: _____

Action by the Provost and Senior Vice President Approved Denied

Provost's Signature: _____ Date: _____

Rationale for any denied request(s): _____

Once action is taken the advisor and student will receive an e-mail and the original will be filed with the Certification Analyst.

