



# GLENVILLE STATE COLLEGE

## REQUEST FOR COURSE SUBSTITUTION (RO-7/20)

Registrar's Office 200 High Street, Glenville, WV 26351 304-462-4117 Fax: 304-462-8619 [registrar@glenville.edu](mailto:registrar@glenville.edu)

STUDENT: \_\_\_\_\_ GSC ID #: \_\_\_\_\_

ACADEMIC PROGRAM: \_\_\_\_\_

### REQUESTED SUBSTITUTIONS

COURSE(S) REQUIRED:

COURSE(S)  COMPLETED  COMPLETING:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

### RATIONALE FOR EACH REQUEST

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

Approved  Denied

\_\_\_\_\_  
Certification Analyst Signature

\_\_\_\_\_  
Date

Approved  Denied

\_\_\_\_\_  
VP for Academic Affaris Signature

\_\_\_\_\_  
Date

Rationale for any denied request(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If your request is approved, your Degree Works audit will be updated to reflect the changes.  
Denials will be noted in the Notes section of your Degree Works audit.