



Course Substitution Request

Complete Sections 1, 2, & 3 and return to Student Services

Section 1

CGCC Student ID# ____ - ____ Student Name _____

Degree/Certificate _____ Catalog Year _____

*Substitutions are applied to the specific information you provide. See the Degree, Certificate, and Course Overview section of the CGCC Catalog for information. Follow-up to your request will be sent to your **MyCGCC student email**.*

Section 2

Proposed Course Substitutions:

Required Course

Proposed Substitution

Course #	Course Title	Cr. Hrs.

Course #	Course Title	Cr. Hrs.

Substitutions do not reduce the total number of credits required for a degree or certificate. Attach, date, and sign additional requests and relevant supporting documents. Only up to 45% of total credits can be substituted.

Section 3

Reason for Request _____

Student Signature _____ Date _____

Section 4 **This section to be completed by department.**

☐ Approved ☐ Not Approved Dept. Chair Signature _____ Date _____

Rationale for each substitution: _____

Request cannot be processed without signatures from both the Student and the Department Chair.

Evaluator's Initials _____ Date _____

Columbia Gorge Community College is an equal opportunity educator and employer.

Columbia Gorge Community College | 400 East Scenic Drive | The Dalles, OR 97058