

Course Substitution Request

Student Name:						
CGCC Student ID#:			Phone#:			
Degree or Certificate:			Catalog Year:			
 program requirem Official transcripts Only one subject a Course substitutio Substitutions do n A maximum of 459 	nent. Equivalent counts on the counts be on file or some per request. In some do not clear prerect of decrease the totally of total credits can	I number of credits required	lly; no request is needed.	o satisfy a CC	GCC	
Required Course	Proposed Course	Substitution				
Course#	Course#	Course Title	Taken at:	Credits:	Grade:	
			Date			
□ Approved □ Den	ied 🗆 Partial A	Office Use Only Approval (see rationale)				
Dept. Chair Signature:			Date:	Date:		
Dept. Chair Print Name	e:					
Rationale:						

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