



COURSE SUBSTITUTION FORM

TO: Division Chair

FROM: _____ DATE: _____

STUDENT NAME: _____ TVIN: _____

PHONE#: _____ CAMPUS LOCATION: _____

CURRENT MAJOR: _____ CAT. YEAR: _____ *

Transfer/Articulated/Substituted Credit**		REQUESTED TVCC COURSE INFO		Division Chair
Course Prefix & Number	Course Title	Course Prefix & Number to be placed on transcript	Credit Hours	Approval Signature (required to grant credit)

REASON: _____

*Credit will be awarded and applied only to major (degree/certificate) noted above.

**All official transcripts containing credit intended for articulation (include other forms) must be received and evaluated by the Registrar's office prior to approval.

Student Signature: _____ Date: _____

Please make this request a part of my permanent TVCC record

AVP Approval: _____ Date: _____

VPI Approval: _____ Date: _____

Attach current degree plan to form.

8 November 2018