

Niagara County Community College **REQUEST FOR COURSE SUBSTITUTION** Office of Registration & Records

Name: _____

Date: _____

SSN or Student ID#: _____

Curriculum: _____

REQUIRED COURSE OR RECOMMENDED/REQUIRED ELECTIVE:

Course Prefix & Number: (i.e. PHI 169) _____

OR

Elective Area: (i.e. Liberal Arts) _____

Course Title: _____

Credit Hours: _____

Credit Hours: _____

SUBSTITUTE FOLLOWING COURSE FOR ABOVE

Course Prefix & Number: (i.e. PHI 149) _____

Course Credits*: _____

Course Title: _____

REASON: _____

Advisor Date

Student Signature Date

Division Chair Date

*Credits must match credits of required course/elective listed above to meet min. degree/cert. requirements