

Program Course Substitution/Course Waiver Request

Last Name _____ First Name _____ M.I. _____

Student ID# _____ Current Phone Number _____

Degree: AAB AAS ATS AA AS Certificate Fast Track

Program Major/Option: _____ Catalog Year: _____

Faculty Advisor: _____

Program Course Requirement

Edison Course ID	Course Title	Credit Hours
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Course Substitution

Edison State Community College Course ESCC Proficiency/CLEP test
 Other Institution Course: _____
Attach relevant documentation (syllabus, course description)

Course ID	Course Title	Credit Hours
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Course Substitution *(to substitute one course for a different course)*

Basis for Substitution:

- Course content is sufficiently equivalent to the required course.
- Required course not available to the student before scheduled graduation date.
- Course is more appropriate for the student's goal.
- Course is recommended for transfer by a receiving institution.
- Other: _____

Program Course Waiver *(to waive a required course in the program of study)*

Basis for Substitution: *(credit hours and degree requirements must be maintained)*

- Student was placed in the next level of the course sequence based on achieving advanced placement.
- Student has achieved knowledge of required course content through related course(s).
- Required course is no longer offered.
- Other: _____

Recommended by: _____ Date: _____

Response of Academic Dean: Request Approved Request Not Approved

Dean's Signature: _____ Date: _____