

## **Course Substitution Form**

First Name:	Last Name:
Student ID#:	NTCC Campus:
NTCC Program/Major:	Anticipated Graduation Term:
(ex:" Practical Nursing" or "Weldin	g") (ex: Fall 2020)
Degree/Credential Level:	Program Code:
(ex: "TD" or "Technical Diplome	Program Code: (ex: "TD-PNUR")
Course Substitution Request:	
The following substitution for an academic requirement is requested:	
Course (Ex: "ARTS 1000")	Requested Course or Requirement Substitution (Ex: "ARTS 1010" or "Humanities Requirement")
	FOR
Written Justification: Please provide a written justification statement that includes what your substitution request is and why you believe it should be approved:	
Student Signature: Date://	
Associate Provost Approval	
☐ Approved ☐ Denied	
Comments (if applicable):	
Associate Provost Signature:	//